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FORM R-301A

N.B.–THIS IS A PERMANENT RECORD. Use only STATE APPROVED black ink or black typewriter ribbon.

INSTRUCTIONS FOR MEDICAL CERTIFICATE

In giving CAUSE OF DEATH do not enter more than one cause for each (a), (b) and (c)

This does not mean mode of dying, as heart failure, pneumonia, etc. It means disease, or complications which caused it.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Conditions contributing to death but not related to the terminal disease condition given (a).

Note:- Chapter 137, of 1954, requires physicians to print or the cause or causes of death on certificates.

CHAP. 46, §§ 9 & CHAP. 114 §§ 45, CHAP. 38 § 6.)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 1

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

No. 41 Belcher Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emma Helen Kelsey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 41 Belcher Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 30 years ___ months ___ days. In place of residence 30 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 5 1959 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from JAN 29, 1945, to JAN 5, 1959
I last saw he alive on JAN. 5, 1959, death is said to have occurred on the date stated above, at 1 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 1 DAY

Due To (b) HYPERTENSION — 5 YRS.

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? no
What test confirmed diagnosis? none

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Louis T. Salerno, M. D.
(Address) 175 PLEASANT ST Date JAN 5 1959

6 Place of Burial or Cremation New Harbor Cemetery Bristol, Maine (City or Town)
DATE OF BURIAL January 7, 1959 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed JAN 8 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: female
9 COLOR: white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of William Rosferd Kelsey
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 6 Months 16 Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. 020-14-7403

16 BIRTHPLACE (City) Bristol (State or country) Maine

PARENTS

17 NAME OF FATHER Almon Davis

18 BIRTHPLACE OF FATHER (City) Bristol (State or country) Maine

19 MAIDEN NAME OF MOTHER Ella Villa

20 BIRTHPLACE OF MOTHER (City) Loudsville (State or country) Maine

21 Informant William R. Kelsey
(Address) 41 Belcher St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other) Ralph C. Sirianni
(Official Designation) Health Officer (Date of Issue of Permit) 1/6/59

DM-10-58-923886

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RECEIVED
JAN 8 1959 AM

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RM R-301A

NSTRUCTIONS FOR CAL CERTIFICATE

In giving SE OF DEATH

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 2

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 116 Quincy Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret E. Lindsey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 116 Quincy Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months ____ days. In place of residence ____ years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January (Month) 6, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1956, to Jan 6, 1959
I last saw h alive on Jan 6, 1959, death is said to have occurred on the date stated above, at 6:30 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Myocardial Heart Disease	yrs
Due To (b) Arteriosclerosis - Cerebrovascular	yrs
Due To (c) Hypertension - essential	yrs
OTHER SIGNIFICANT CONDITIONS Hemiplegia left	yrs

Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph [illegible], M. D.
(Address) [illegible] Date 1-8-19 59

6 Place of Burial or Cremation St. James Georgetown P.E.I. (City or Town)
DATE OF BURIAL January 10 19 59

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS East Boston

Received and filed JAN [illegible] 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female | 9 COLOR white | 10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) widowed

10a If married, widowed, or divorced
HUSBAND of Elmer C. Lindsey (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years ____ Months ____ Days | If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: housework wife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Prince Edward Island

PARENTS

17 NAME OF FATHER Angus Morrison

18 BIRTHPLACE OF FATHER (City) (State or country) P.E.I.

19 MAIDEN NAME OF MOTHER Mary Robertson

20 BIRTHPLACE OF MOTHER (City) (State or country) P.E.I.

21 Informant Margaret M. Butler
(Address) 116 Quincy Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Fernald
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

1/6/59
(Date of Issue of Permit)

50M-1-58-921976

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RM R-301A

NSTRUCTIONS FOR CAL CERTIFICATE

In giving SE OF DEATH

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 3

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. WINTHROP COM. HOSP. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ALICE F. SULLIVAN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence, No. 107 BOWDOIN St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 10 days. In place of residence 30 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January (Month) 6, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from January, 1950, to January 6, 1959
I last saw her alive on January 6, 1959, death is said to have occurred on the date stated above, at 12:55 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Acute myocardial infarction	1 mo.
Due To (b) Coronary sclerosis	3 yrs.
Due To (c) Arteriosclerotic and hypertensive heart disease	5 yrs.
OTHER SIGNIFICANT CONDITIONS Arteriosclerosis Hypertrophic arthritis	

Was autopsy performed? no
What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? ..... If so, specify no

(Signed) Maurice Trauenstein Jr., M. D.
(Address) 73 Bartlett Road Date 1/8/ 1959

6 HOLY CROSS MALDEN
Place of Burial or Cremation (City or Town)
DATE OF BURIAL JAN 9 1959

7 NAME OF FUNERAL DIRECTOR Maurice W. Kelly
ADDRESS Winthrop

Received and filed JAN 8 1959 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE
9 COLOR WHITE
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) SINGLE

10a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 50 Years ..... Months ..... Days
If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: HOME MAKER
(Kind of work done during most of working life)

14 Industry or Business: HOME

15 Social Security No. NONE

16 BIRTHPLACE (City) BOSTON
(State or country) MASS

PARENTS

17 NAME OF FATHER JOHN SULLIVAN

18 BIRTHPLACE OF FATHER (City) BOSTON
(State or country) MASS

19 MAIDEN NAME OF MOTHER ELLEN CLANCY

20 BIRTHPLACE OF MOTHER (City) BOSTON
(State or country) MASS

21 Informant Alice Sullivan
(Address) 107 BOWDOIN WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Sweeney Jr.
(Signature of Agent of Board of Health or other)

Health Officer 1/7/59
(Official Designation) (Date of Issue of Permit)

50M-11-56-918978

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during their last illness from disease unrelated to any form of injury.

JAN - 8 1959

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

RM R-301A

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ISTRUCTIONS
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CHAP. 46, §§ 9 &
CHAP. 114 §§ 45,
CHAP. 38 § 6.)

M. S.

OM-10-58-923886

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 4

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. Bay View Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella Alice (PHYSTER) Edwards
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 94 Somerset Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 21 days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 8, 1959 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July, 1954, to Jan 8, 1959
I last saw h alive on Jan 6, 1959, death is said to have occurred on the date stated above, at 12:30 P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

	INTERVAL BETWEEN ONSET AND DEATH
(a) Acute Myocardial Insufficiency	2 days
Due To (b) Arteriosclerotic Heart Disease	+ 10 yrs
Due To (c) Arteriosclerosis	+ 10 yrs
OTHER SIGNIFICANT CONDITIONS Cerebral Hemorrhage	Nov. 26 1958

Was autopsy performed? No
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) Dorothy Cheney Appleton, M. D.
(Address) 197 Woodbury Ave Warwickshire Date Jan. 9 1959

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL January 10, 1959

7 NAME OF FUNERAL DIRECTOR Albert B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed January 9, 1959
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: female
9 COLOR: white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Charles Edwards (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 57 Years 2 Months 30 Days — If under 24 hours Hours Minutes

13 Usual Occupation: retired registered nurse (Kind of work done during most of working life)

14 Industry or Business: general and hospital nursing

15 Social Security No. none

16 BIRTHPLACE (City) (State or country): Canada

PARENTS

17 NAME OF FATHER: Henry Physter

18 BIRTHPLACE OF FATHER (City) (State or country): unknown

19 MAIDEN NAME OF MOTHER: Hannah ?

20 BIRTHPLACE OF MOTHER (City) (State or country): unknown

21 Informant Mrs. Sarah Whorf
(Address) 94 Somerset Ave. Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Sullivan
(Signature of Agent of Board of Health or other)
Health Officer 1/9/59
(Official Designation) (Date of Issue of Permit)

V.B.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED
TOWN CLERK
JAN 9 1959 AM

M R-301A

RUCTIONS FOR L CERTIFICATE

giving OF DEATH

not enter e than one e for each (b) and (c)

does not mean de of dying, heart failure, , etc. It means ase, or compli- which caused

tions, if any, gave rise to cause (a), g the under- cause last.

ditions contrib- o death but not to the terminal condition given

e:- Chapter 137, of 1954, requires cians to print or the cause or s of death on certificates.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 5

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 83 Somerset Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Michael Mahoney
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 83 Somerset Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 5 months days. In place of residence 1 years 5 months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 1 (Month) 14 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 11/18, 1957, to 1/14, 1959, I last saw him alive on 1/13, 1959, death is said to have occurred on the date stated above, at 8:A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) BRONCHO-PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH 2 DAYS

Due To (b)

Due To (c) ARTERIO-SCLEROTIC HEART DISEASE — 5 yr.

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Fred O'Regan, M. D.
(Address) 113 Pleasant St Winthrop Date 1/14 1959

6 Cambridge Catholic Cem Cambridge
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 17 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed JAN 16 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of Mary Heaney
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years Months Days — If under 24 hours Hours Minutes

13 Usual Occupation: Retired Gardener
(Kind of work done during most of working life)

14 Industry or Business: Landscape

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Ireland

PARENTS
17 NAME OF FATHER Jeremiah Mahoney
18 BIRTHPLACE OF FATHER (City) (State or country) Ireland
19 MAIDEN NAME OF MOTHER Julia Hurley
20 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

21 Informant Eugene Mahoney
(Address) 83 Somerset Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter E. Sweeney
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
1/16/59
(Date of Issue of Permit)

100M-11-55-916145

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourte n, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

M R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-2-58-922072

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Cambridge (City or Town making this return)

COPY OF CERTIFICATE OF DEATH

Registered No. 80 6

X

1 PLACE OF DEATH: Middlesex (County); Cambridge (City or Town); No. Holy Ghost Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Shaw (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran if so specify WAR) no

(a) Residence. No. 590 Shirley ~~Court~~ Street St. Winthrop, Massachusetts (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months 9 days. In place of residence ....years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 18, 1959 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from January 9, 1959 to January 18, 1959 I last saw h...en alive on January 18, 1959, death is said to have occurred on the date stated above, at 7:45p.m.

INTERVAL BETWEEN ONSET AND DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Metastatic carcinoma to

Due To (b) abdomen, lung and bone (primary site undetermined)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Philip J. Landry, Jr., M. D.

(Address) Holy Ghost Hosp. Date Jan. 19 1959

6 Place of Burial or Cremation New Calvary Cem. Boston (City or Town)

DATE OF BURIAL Jan. 22, 1959

7 NAME OF FUNERAL DIRECTOR Charles P. Chapman

ADDRESS 490 Columbia Rd. Dorchester

Received and filed Feb. 4, 1959 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female

9 COLOR: White

10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced HUSBAND of ....(Give maiden name of wife in full)

(or) WIFE of John J. Shaw (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 1 Months 25 Days — If under 24 hours ....Hours....Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Boston (State or country) Mass.

PARENTS

17 NAME OF FATHER Joseph Chadbourne

18 BIRTHPLACE OF FATHER (City) Boston, Mass. (State or country)

19 MAIDEN NAME OF MOTHER Catherine Kenney

20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

21 Informant Mrs. James Roche-cousin (Address) 67 Dix Rd.-...sterfield, Conn.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Jan. 19, 1959

V.L.

RECEIVED
FEB 4 1959

M R-301A

.–THIS IS A
ANENT RECORD
Use only
E APPROVED
ink or black
writer ribbon.

STRUCTIONS
FOR
AL CERTIFICATE

In giving
E OF DEATH

not enter
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), (b) and (c)

does not mean
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, etc. It means
ease, or compli-
which caused

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gave rise to
cause (a),
g the under-
cause last.

nditions contrib
to death but not
to the terminal
condition given

:- Chapter 137,
f 1954, requires
cians to print or
the cause or
of death on
certificates.

CHAP. 46, §§ 9 &
CHAP. 114 §§ 45,
CHAP. 38 § 6.)

Medical Examiner Manchester immediately

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 7

PLACE OF DEATH
1 Suffolk (County)
Winthrop (City or Town)

No. 64 Bates Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Idore Bror Tornrose
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 64 Bates Avenue St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death 55 years ___ months ___ days. In place of residence 55 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January (Month) 22 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 1/20, 1959, to 1/22, 1959.
I last saw him alive on 1/20, 1959, death is said to have occurred on the date stated above, at 8:45 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) GANGRENE – LEFT FOOT & LEG	3 mo.
Due To (b) GENERAL ARTERIO SCLEROSIS and	1 YR.
Due To (c) ARTERIO-SCLEROTIC HEART DIS.	6 mo.
OTHER SIGNIFICANT CONDITIONS NONE	

Was autopsy performed? No
What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Myron N. King, M. D.
(Address) 222 PLEASANT ST. WINTHROP Date 1/23 59

6 Woodlawn Cemetery Everett, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL January 24 1959

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed JAN 23 1959
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: male
9 COLOR: white
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word): married

10a If married, widowed, or divorced
HUSBAND of Mathilda Lilliefors
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years 5 Months 0 Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation retired manufacturer
(Kind of work done during most of working life)

14 Industry or Business: ornamental light fixtures

15 Social Security No. 033-16-1304

16 BIRTHPLACE (City) Lilla Edith
(State or country) Sweden

PARENTS
17 NAME OF FATHER Jan Peter Tornrose
18 BIRTHPLACE OF FATHER (City)
(State or country) Sweden
19 MAIDEN NAME OF MOTHER Ina Lena Engelbreckt
20 BIRTHPLACE OF MOTHER (City)
(State or country) Sweden

21 Informant Oliver W. Tornrose
(Address) 337 Washington St. Melrose

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Mass. Ralph C. Swanson
(Signature of Agent of Board of Health or other)
Health Officer 1/23/59
(Official Designation) (Date of Issue of Permit)

DM-10-58-923886

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED
JAN 2 3 1959 FH

MR-301A

TRUCTIONS FOR AL CERTIFICATE

n giving OF DEATH

not enter e than one se for each , (b) and (c)

does not mean ode of dying, heart failure, , etc. It means ease, or compli- which caused

tions, if any, gave rise to cause (a), the under- cause last.

ditions contrib- o death but not to the terminal condition given

- Chapter 137, 1954, requires ians to print or the cause or of death on certificates.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 8

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Com. Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John C. Higgins
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 26 Pico Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..years..months 14 days. In place of residence 19 years..months..days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JAN (Month) 23 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from MAR, 1950, to JAN 23, 1959
I last saw h/M alive on JAN 23, 1959, death is said to have occurred on the date stated above, at 330 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) ACUTE MYOCARDIAL INFARCTION	4 DAYS
Due To (b) ARTERIO-SCLEROTIC HEART DISEASE	5 YRS.
Due To (c) GENERAL ARTERIO-SCLEROSIS	5 YRS.
OTHER SIGNIFICANT CONDITIONS CHRONIC BRONCHITIS	10 YRS.

Was autopsy performed? No.
What test confirmed diagnosis? EKG & CLINICAL

5 Was disease or injury in any way related to occupation of deceased No.
If so, specify

(Signed) Myron N. King, M. D.
(Address) 222 PLEASANT ST WINTHROP Date 1/23 1959

6 Calvary Woburn
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Jan. 26 1959

7 NAME OF FUNERAL DIRECTOR Maurice V. Kirby
ADDRESS Winthrop

Received and filed JAN 23 1959 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Elizabeth A. Jones
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years..Months..Days. If under 24 hours ..Hours..Minutes

13 Usual Occupation: Mechanic (Ret.)
(Kind of work done during most of working life)

14 Industry or Business: Building Elevators

15 Social Security No. Not known

16 BIRTHPLACE (City) Woburn
(State or country) Mass.

PARENTS

17 NAME OF FATHER John Higgins

18 BIRTHPLACE OF FATHER (City) St. John N. B.
(State or country)

19 MAIDEN NAME OF MOTHER Mary Ferrens

20 BIRTHPLACE OF MOTHER (City) Woburn
(State or country) Mass.

21 Informant Elizabeth A. Higgins
(Address) 26 Pico Ave Winthrop, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Lerchanuz D
(Signature of Agent of Board of Health or other)

Health Officer 1/23/59
(Official Designation) (Date of Issue of Permit)

50M-11-56-918978

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

M R-301A

TRUCTIONS FOR L CERTIFICATE

n giving OF DEATH

not enter e than one se for each , (b) and (c)

does not mean de of dying, heart failure, etc. It means ose, or compli- which caused

ions, if any, gave rise to couse (a), the under- couse lost.

ditions contrib- deoth but not to the terminal condition given

:- Chapter 137, f 1954, requires lans to print or the cause or of death on certificates.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 9

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 41 Washington Ave., (Bay View Nursing Home) St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Winifred G. Brawley (Leonard)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 912 Shirley Street, Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years 6 months ___ days. In place of residence 14 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January (Month) 24 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from July, 1957, to 24 January, 1959
I last saw her alive on 19 January, 1959, death is said to have occurred on the date stated above, at 2 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE — INTERVAL BETWEEN ONSET AND DEATH

(a) Carcinomatosis — 2 yrs

Due To (b) Carcinoma of Breast — 5 yrs

Due To (c) — —

OTHER SIGNIFICANT CONDITIONS Nane

Was autopsy performed? no
What test confirmed diagnosis? X-ray; surgery 1953
5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Arthur C. Murray M. D.
(Address) Winthrop Mass Date 24 Jan 1959

6 Place of Burial or Cremation Mt. Benedict Cemetery, Boston (City or Town)
DATE OF BURIAL January 26th 1959

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., E. Boston

Received and filed JAN 26 1959 19
John A. Geck (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of ___ (Give maiden name of wife in full)
(or) WIFE of Henry A. Brawley (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 5 Months 17 Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) Boston (State or country) Mass.

PARENTS

17 NAME OF FATHER John Leonard

18 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.

19 MAIDEN NAME OF MOTHER Mary Heffernan

20 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.

21 Informant Mrs. Harriett C. Ronan-Dau.
(Address) 35 Birch Rd., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph E. Freeman
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/25/59 (Date of Issue of Permit)

50M-5-56-917873

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

JAN 2 0 1959

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

STRUCTIONS FOR AL CERTIFICATE

n giving OF DEATH

not enter e than one se for each), (b) and (c)

does not mean ode of dying, s heart failure, , etc. It means ease, or compli- which caused

tions, if any, gave rise to cause (a), g the under- cause last.

ditions contrib- o death but not to the terminal condition given

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 10

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Convelescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Theresa F. Lagorio
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 14 Oxford Park St. Revere, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months 11 days. In place of residence 60 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 28, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1958, to Jan 27, 1959

I last saw h alive on Jan 27, 1959, death is said to have occurred on the date stated above, at 4 9 m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) CARDIO RENAL DISEASE	4 yrs
Due To (b) HYPERTENSION	10 years
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ramis Ficata, M. D.

(Address) 81 Revere St Date Jan 29 1959

6 Old Calvary Boston, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 31, 1959

7 NAME OF FUNERAL DIRECTOR Arthur S. Porcella

ADDRESS 876 Winthrop Ave., Revere

Received and filed JAN 30 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX	9 COLOR	10 SINGLE MARRIED WIDOWED or DIVORCED (write the word)
Female	White	Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years ____ Months ____ Days | If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: At Home
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. None

16 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

17 NAME OF FATHER Stephen Lagorio

18 BIRTHPLACE OF FATHER (City)
(State or country) Italy

19 MAIDEN NAME OF MOTHER Louisa Leverone

20 BIRTHPLACE OF MOTHER (City)
(State or country) Italy

21 Informant Fred Lagorio
(Address) 14 Oxford Park, Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial of transit permit was issued:

Ralph C. Fiorenzano
(Signature of Agent of Board of Health or other)

Health Officer 1/30/59
(Official Designation) (Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

JAN 30 1959 PM

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

M R-301A

1-1-3.45
29-1.12

STRUCTIONS FOR AL CERTIFICATE

n giving E OF DEATH

not enter re than one se for each), (b) and (c)

does not mean ode of dying, heart failure, etc. It means ease, or compli- which caused

tions, if any, gave rise to cause (a), the under- cause last.

ditions contrib- o death but not to the terminal condition given

- Chapter 137, 1954, requires ans to print or the cause or of death on certificates.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 11

PLACE OF DEATH

1 Suffolk (County) Revere 2-6-59
Winthrop (City or Town)
No. Winthrop Community Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helen R. Andrews (Monahan)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No.

(a) Residence. No. 218 Bradstreet Ave St. Revere
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 18 days. In place of residence 64 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January (Month) 29 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1959, to Jan. 29, 1959
I last saw her alive on Jan. 29, 1959, death is said to have occurred on the date stated above, at 1:12 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(General carcinomatosis	3-4 mos
Due To (b) Cancer of uterus and ovaries	3½ yrs.
Due To (c) Cancer of Bowel	3 mos.
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? no
What test confirmed diagnosis? operation; path. exam.

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Louis Siegel, M. D.
(Address) 72 Shirley Ave Rev Date 1/30 1959

6 Place of Burial or Cremation Holy Cross Malden (City or Town)
DATE OF BURIAL Feb 6 - 2 - 1959

7 NAME OF FUNERAL DIRECTOR Archie J. Porcella
ADDRESS 876 Winthrop Ave Revere

Received and filed JAN 30 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of James M. Andrews
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years 6 Months 18 Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Social Worker
(Kind of work done during most of working life)

14 Industry or Business: City of Revere

15 Social Security No. None

16 BIRTHPLACE (City) Boston Mass.
(State or country)

PARENTS

17 NAME OF FATHER John F. Monahan

18 BIRTHPLACE OF FATHER (City) Sheffield
(State or country) England

19 MAIDEN NAME OF MOTHER Delia F. Broughey

20 BIRTHPLACE OF MOTHER (City) Milford
(State or country) Mass.

21 Informant Joseph T. Andrews
(Address) 155 Warren St. Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Turano
(Signature of Agent of Board of Health or other)
Health Officer 1/30/59
(Official Designation) (Date of Issue of Permit)

50M-11-56-918978

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

M R-301A

TRUCTIONS FOR L CERTIFICATE

1 giving OF DEATH

not enter than one e for each (b) and (c)

does not mean de of dying, heart failure, etc. It means ase, or compli- which caused

ians, if any, gave rise to cause (a), the under- cause last.

itions contrib- death but not to the terminal condition given

- Chapter 137, 1954, requires ans to print or he cause or of death on ertificates.

5'

X

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 12

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
Winthrop Convalescent Home
No. 142 Pleasant St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

2 FULL NAME Amy L (Nickerson) Nelson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 70 Lincoln Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 8 years months days. In place of residence 39 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January (Month) 30, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1951, to Jan. 30, 1959
I last saw her alive on Jan. 29, 1959, death is said to have occurred on the date stated above, at 9:50 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Bilateral bronchopneumonia	20 days
Due To (b) Parkinson's disease	10 yrs
Due To (c) Generalized arteriosclerosis	10 yrs
OTHER SIGNIFICANT CONDITIONS Cerebral arteriosclerosis	5 yrs.

Was autopsy performed? no
What test confirmed diagnosis? Clinical & Laboratory

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) M. Traunstein Jr., M. D.
(Address) 73 Bartlett Rd. Winthrop 52, Mass. Date Jan. 31, 1959

6 Place of Burial or Cremation Winthrop (City or Town) Winthrop
DATE OF BURIAL Feb. 3 1959

7 NAME OF FUNERAL DIRECTOR Howard S Flynn Co
ADDRESS Winthrop Mass.

Received and filed FEB 2 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Ellis Nelson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 5 Months 19 Days — If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Doctors Cove
(State or country) Nova Scotia

PARENTS

17 NAME OF FATHER Thomas Nickerson

18 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Sarah Swimm

20 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia

21 Informant Ellis Nelson
(Address) 70 Lincoln St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter C. Lyman M.D.
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) (Date of Issue of Permit) 2/2/59
V.B.v

50M-11-56-91897a

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED

RULES OF PRACTICE

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M.11-55-916145

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Chelsea (City or Town making this return)

Registered No. 16 13

1 PLACE OF DEATH

Suffolk (County)

Chelsea (City or Town)

No. U.S.Naval Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Beal (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 86 Sagamore Ave., St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death - years - months 1 days. In place of residence 2 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan.9,1959 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan.9, 1959 to Jan.9, 1959. I last saw him alive on Jan. 9, 1959, death is said to have occurred on the date stated above, at 1005 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Prematurity

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

INTERVAL BETWEEN ONSET AND DEATH 7½ hrs.

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L.Marinelli,Lt.MC USN, M. D.

(Address) USNH,Chelsea,Mass. Date 1/9/59 19

6 Place of Burial or Cremation Woodlawn,Everett,Mass. (City or Town)

DATE OF BURIAL Jan.12,1959 19

7 NAME OF FUNERAL DIRECTOR R.C.Kirby

ADDRESS East Boston,Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE - Years - Months - Days. If under 30 hours 7 Hours Minutes

13 Usual Occupation: --- (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Chelsea,Mass. (State or country)

PARENTS

17 NAME OF FATHER John S.

18 BIRTHPLACE OF FATHER (City) Hot Springs,Ark. (State or country)

19 MAIDEN NAME OF MOTHER Lola I.Fernandez

20 BIRTHPLACE OF MOTHER (City) Bogota,Columbia (State or country)

21 Informant John S.Beal-father (Address) 86 Sagamore Ave., Winthrop

A TRUE COPY ATTEST: Joseph A. Tyrrell (Registrar of City or Town where death occurred)

DATE FILED Jan.12,1959 19

RECEIVED

FEB 1 3 1959 AM

FORM R-305

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-52-907046

X

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Cambridge
(City or town making return)

Registered No. 142 11

1 PLACE OF DEATH
Middlesex (County)
Cambridge (City or Town)
No. 907 Massachusetts Av. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry J. Lappen
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 87 Winthrop St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death — years — months — days. In place of residence 35 years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 30, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Coronary Heart Disease
Sudden Death

5 Accident, suicide, or homicide (specify)
Date and hour of injury 19
Where did Injury occur? (City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)
Manner of Injury (How did injury occur?)
Nature of Injury
While at work? Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) David C. Dow M. D.
(Address) Cambridge, Mass. Date 1-30 19 59

7 Winthrop Cemetery Winthrop
Place of Burial, or Cremation. (City or Town)
DATE OF BURIAL February 2, 19 59

8 NAME OF FUNERAL DIRECTOR Maurice Kirby
ADDRESS Winthrop, Mass.
FEB 10 1959

Received and filed 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M
10 COLOR OR RACE White
11 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

11a If married, widowed, or divorced
HUSBAND of Susan A. Greenfield
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 70 Years — Months — Days
If under 24 hours Hours Minutes

14 Usual Occupation: Storekeeper
(Kind of work done during most of working life)

15 Industry or Business: Retired

16 Social Security No. 013-28-7253

17 BIRTHPLACE (City) (State or country) Boston, Mass.

PARENTS
18 NAME OF FATHER Henry A. Lappen
19 BIRTHPLACE OF FATHER (City) (State or country) Ireland
20 MAIDEN NAME OF MOTHER Catherine Kennedy
21 BIRTHPLACE OF MOTHER (City) (State or country) Boston, Mass.

22 Informant Susan A. Lappen
(Address) 87 Winthrop St. Winthrop

A TRUE COPY.
ATTEST: Frederick H. Burke
(Registrar of City or Town where death occurred)

DATE FILED Feb. 3, 19 59

Removed from Feb. Court

RECEIVED

FEB 10 1959

RM R-301A

3.—THIS IS A
ANENT RECORD.
Use only
E APPROVED
k ink or black
writer ribbon.

STRUCTIONS
FOR
AL CERTIFICATE

n giving
E OF DEATH

not enter
e than one
se for each
, (b) and (c)

does not mean
ode of dying,
heart failure,
, etc. It means
ease, or compli-
which caused

tions, if any,
gave rise to
cause (a),
the under-
cause last.

ditions contrib-
death but not
to the terminal
condition given

- Chapter 137,
1954, requires
ans to print or
he cause or
of death on
ertificates.
HAP. 46, §§ 9 &
HAP. 114 §§ 45,
CHAP. 38 § 6.)

MIS.

1-10-58-923886

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 15

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

No. 89 Somerset Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Cronin, Daniel Leo
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence, No. 89 Somerset Avenue St. ~~Boston~~ Winthrop Massachusetts
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 2 months ___ days. In place of residence ~~78~~ 1 years 2 months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 2 - 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from August, 1958, to February, 1959
I last saw him alive on Jan 31 -, 1959, death is said to have occurred on the date stated above, at 3:40P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) ADENOCARCINOMA OF CECUM & CARCINOMATOSIS	18 mos.
Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? no
What test confirmed diagnosis? Surgery
5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Peter L. Lefevre, M. D.
(Address) 6 Appleton St Malden Date 2/3/59 19

6 Calvary Cemetery Woburn, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL February 5, 1959 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed 2-5-59 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: male
9 COLOR: white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

10a If married, widowed, or divorced
HUSBAND of Louise Myron
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 11 Months 17 Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Retired Police Officer
(Kind of work done during most of working life)

14 Industry or Business: City Of Boston

15 Social Security No. 012-05-1495

16 BIRTHPLACE (City) South Boston
(State or country) Mass.

PARENTS
17 NAME OF FATHER Mortimer Cronin
18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
19 MAIDEN NAME OF MOTHER Anna Noonan
20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

21 Informant Mrs. Gyrdie W. Dickinson
(Address) 89 Somerset Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Lucanto
(Signature of Agent of Board of Health or other)
Sealed Officer
(Official Designation) (Date of Issue of Permit) 2/4/59

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED
FEB - 5 1959 AM

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

loes not mean of dying, heart failure, etc. It means e, or compli- which caused

ns, if any, ave rise to cause (a), the under- cause last.

ions contrib- death but not the terminal ndition given

Chapter 137, 1954, requires ns to print or e cause or f death on rtificates.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 16

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Bay View Nursing Home 41 Washington Ave (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph S. Cann
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 3 Willis Avenue, Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 3 months days. In place of residence 4 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February (Month) 4 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from August, 1957, to Feb. 4, 1959

I last saw him alive on Feb 4, 1959, death is said to have occurred on the date stated above, at 7:30 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Hypertensive Coronary Artery Heart Disease.	2yrs.
Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Varicose Ulcers	1yr.

Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles Lieberman, M. D.

(Address) Winthrop, Mass Date 2/5/1959

6 Woodlawn Cemetery, Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 7th 1959

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington St., E. Boston

Received and filed FEB 5 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced HUSBAND of Sarepta Cox
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 7 Months 26 Days | If under 24 hours Hours Minutes

13 Usual Occupation: Proprietor Retired
(Kind of work done during most of working life)

14 Industry or Business: Restaurant

15 Social Security No. 012-18-1057

16 BIRTHPLACE (City) Yarmouth
(State or country) Nova Scotia

PARENTS

17 NAME OF FATHER Jesse Cann

18 BIRTHPLACE OF FATHER (City) CBL
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Mary Crosby

20 BIRTHPLACE OF MOTHER (City) CBL
(State or country) Nova Scotia

21 Informant Jesse C. Cann-Son
(Address) 3 Willis Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Sheamyo
(Signature of Agent of Board of Health or other)

Health Officer 2/5/59
(Official Designation) (Date of Issue of Permit)

50M-5-56-917973

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

does not mean e of dying, heart failure, etc. It means se, or compli- which caused

ons, if any, gave rise to cause (a), the under- cause last.

tions contrib- death but not the terminal ondition given

Chapter 137, 1954, requires ns to print or e cause or f death on rtificates.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 17

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town) Chelsea 39-54

No. Winthrop COmm. Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy MacDonald
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 281 Washington Ave. Chelsea, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 2 (Month) 4 (Day) 59 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19..., death is said to have occurred on the date stated above, at ..... m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Stillborn

Due To (b) 7 mons. premature - hydro cephalic head.

Due To (c)

OTHER SIGNIFICANT CONDITIONS

INTERVAL BETWEEN ONSET AND DEATH

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Louis E. Schaffner M.D., M. D.

(Address) 198 Bennington St. Date 2/4/59

6 Woodlawn Cemetery, Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 5, 19 59

7 NAME OF FUNERAL DIRECTOR Ernest C. Caggiano

ADDRESS 147 Winthrop St. Winthrop

Received and filed ..... 19...

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: M

9 COLOR: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

10a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)

(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here. STILLBORN

12 AGE ..... Years ..... Months ..... Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: .....
(Kind of work done during most of working life)

14 Industry or Business: .....

15 Social Security No. .....

16 BIRTHPLACE (City) Winthrop, Mass
(State or country)

PARENTS

17 NAME OF FATHER Jerome MacDonald

18 BIRTHPLACE OF FATHER (City) Cambridge
(State or country) Mass

19 MAIDEN NAME OF MOTHER Rose Dutra

20 BIRTHPLACE OF MOTHER (City) East Boston Mass
(State or country)

21 Informant Winthrop Community Hosp.
(Address) Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Sullivan
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation) (Date of Issue of Permit) 2/4/59

50M-11-56-918978

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

R-301A

UCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

does not mean e of dying, heart failure, etc. It means se, or compli- which caused

ons, if any, ave rise to cause (a), the under- cause last.

tions contrib- death but not the terminal ondition given

Chapter 137, 1954, requires ns to print or e cause or of death on ertificates.

S.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 18

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 24 Hawthorne Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Philip Laffer
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 10 Neptune Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 26 years — months — days. In place of residence 26 years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February (Month) 6 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from — —, 19—, to —, 19—

I last saw h— alive on —, 19—, death is said to have occurred on the date stated above, at 9:45 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To (b) Presumably

Due To (c) Coronary Occlusion

OTHER SIGNIFICANT CONDITIONS

INTERVAL BETWEEN ONSET AND DEATH: Sudden

Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Ralph C. Murray, M. D.
(Address) Winthrop Board of Health Date 6 Feb 1959

6 Chevra Thilim of Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb 8 1959

7 NAME OF FUNERAL DIRECTOR Torf Funeral Service Inc
ADDRESS Washington Ave Chelsea

Received and filed 19
(Registrar)

FEB 9 1959

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male

9 COLOR: White

10 ~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~or DIVORCED~~ (write the word): Married

10a If married, widowed, or divorced HUSBAND of Betty Sundell
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years — Months — Days | If under 24 hours Hours Minutes

13 Usual Occupation: Grocer (Retired)
(Kind of work done during most of working life)

14 Industry or Business: Retail Foods

15 Social Security No.

16 BIRTHPLACE (City) Russia
(State or country)

PARENTS

17 NAME OF FATHER (B L) Laffer

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER C. B. L.

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant Mrs J. Sundell
(Address) 32 Sewall Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Murray
(Signature of Agent of Board of Health or other)

(Official Designation) Feb. 8, 1959 (Date of Issue of Permit)

100M-11-55-916145

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

1 R-303 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-8-57-920750

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 29

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

En route to Winthrop Community Hospital (If death occurred in a hospital or institution, St. (give its NAME instead of street and number)

2 FULL NAME Donna M Withee
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 73 Loring Rd. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months....7....days. In place of residence....12....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 8, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

STATUS ASTHMATICUS WITH ACUTE ASPHYXIAL STATE

5 Accident, suicide, or homicide (specify) .....

Date and hour of injury .....19.....

Where did Injury occur? .....
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? .....
(Specify type of place)

Manner of Injury .....
(How did injury occur?)

Nature of Injury .....

While at work? .....Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify .....

(Signed) Michael Thomas M. D.

(Address) Boston Date 2 8 1959

7 Place of Burial, or Cremation. WINTHROP WINTHROP (City or Town)

DATE OF BURIAL FEB 11 1959

8 NAME OF FUNERAL DIRECTOR MAURICE W KIRBY

ADDRESS WINTHROP

Received and filed .....19.....

.....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX: FEMALE

10 COLOR OR RACE: WHITE

11 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): SINGLE

11a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)

(or) WIFE of .....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 12 Years.....Months.....Days If under 24 hours .....Hours.....Minutes

14 Usual Occupation: SCHOOL - STUDENT
(Kind of work done during most of working life)

15 Industry or Business: .....

16 Social Security No. .....

17 BIRTHPLACE (City) (State or country) WINTHROP

PARENTS

18 NAME OF FATHER DONALD C. WITHEE

19 BIRTHPLACE OF FATHER (City) (State or country) PITTSFIELD MAINE

20 MAIDEN NAME OF MOTHER EVELYN M. HOSKER

21 BIRTHPLACE OF MOTHER (City) (State or country) WINTHROP MASS

22 Informant DONALD C. WITHEE
(Address) 73 LORING RD WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Strauss
(Signature of Agent of Board of Health or other)

Health Officer 2/10/59
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician of officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1)Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

loes not mean r of dying, heart failure, etc. It means e. or compli- which caused

ns, if any, ave rise to cause (a), the under- cause last.

ions contrib- death but not the terminal ndition given

Chapter 137, 954, requires s to print or cause or death on tificates.

50M-11-56-918978

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 20

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME BABY BOY ROBERSON
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 59 Beach Rd. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEBRUARY (Month) 9, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ~~FEB 9~~, 1959, to ~~FEB 9~~, 1959
I last saw him alive on ~~FEB 9~~, 1959, death is said to have occurred on the date stated above, at 2:05 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) STILLBORN	
Due To (b) PREMATURITY	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. N. Caplan, M. D.
(Address) 186 Princeton St. East Boston Date Feb 9, 1959

6 Place of Burial or Cremation: Holy Cross (City or Town) Malden
DATE OF BURIAL February 11 1959

7 NAME OF FUNERAL DIRECTOR Frederick J. Mograth
ADDRESS East Boston

Received and filed 2-10 1959
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR: White
10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE ..... Years ..... Months ..... Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation:
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop, Mass.
(State or country)

PARENTS

17 NAME OF FATHER James H. Roberson

18 BIRTHPLACE OF FATHER (City) Chicago Illinois
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth Vincent

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

21 Informant James H Roberson
(Address) 59 Beach Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Firearing
(Signature of Agent of Board of Health or other)
Health Officer 2/10/59
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognized disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

R-301A

UCTIONS
FOR
CERTIFICATE

giving
OF DEATH

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of dying,
heart failure,
tc. It means
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Chapter 137,
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X

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 21

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

Winthrop Convalescent Home

No. 142 Pleasant Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Grace A (Leger) Cunningham
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 141 Quincy Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..years..months 14 days. In place of residence 40 years..months..days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. (Month) 12, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from March, 1950, 19..., to Feb. 12, 1959
I last saw her alive on Feb. 12, 1959, death is said to have occurred on the date stated above, at 10:30p m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Acute myocardial infarction	5 wks
Due To (b) Coronary sclerosis	2 yrs
Due To (c) Arteriosclerotic heart disease and generalized arteriosclerosis	5 yrs
OTHER SIGNIFICANT CONDITIONS Hypertrophic arthritis	5 yrs

Was autopsy performed? no
What test confirmed diagnosis Clinical & laboratory

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) M. Transstein Jr., M. D.
(Address) 73 Bartlett Road Date 2-14 1959

6 Place of Burial or Cremation Winthrop (City or Town) Winthrop
DATE OF BURIAL Feb 16 1959

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed FEB 16 1959 19...
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widow

10a If married, widowed, or divorced
HUSBAND of ...
(Give maiden name of wife in full)
(or) WIFE of Ralph M Cunningham
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 4 Months 12 Days — If under 24 hours ...Hours ...Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) New York ~~City~~
(State or country) New York

PARENTS

17 NAME OF FATHER Alfred Leger

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Fanning

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

21 Informant Ralph L Cunningham
(Address) 141 Quincy Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Stearns D.
(Signature of Agent of Board of Health or other)

Health Officer 2/16/59
(Official Designation) (Date of Issue of Permit)

50M-11-56-918978

V.R.V

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section [illegible] of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

I R-303 A

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 22

En route to Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ISADORE H. WISEMAN alias LEO WISEMAN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 6 Caddy Rd. St. Mattapan Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb (Month) 13 (Day), 1959 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

CORONARY OCCLUSION

5 Accident, suicide, or homicide (specify) .....

Date and hour of injury .....19.....

Where did Injury occur? .....
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? .....
(Specify type of place)

Manner of Injury .....
(How did injury occur?)

Nature of Injury .....

While at work? yes Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Mitchell Thomas M. D.

(Address) Boston Date 2/13 1959

7 Hand in Hand Cem. W. Roxbury
Place of Burial, or Cremation (City or Town)

DATE OF BURIAL Feb. 15th 19 59

8 NAME OF FUNERAL DIRECTOR Samuel Levine

ADDRESS 394 Wash. St., Dorchester

Received and filed FEB 20 1959 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX: Male

10 COLOR OR RACE: White

11 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

11a If married, widowed, or divorced HUSBAND of Frances Friedburg
(Give maiden name of wife in full)

(or) WIFE of .....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 51 Years.....Months.....Days. If under 24 hours .....Hours.....Minutes

14 Usual Occupation: Driver
(Kind of work done during most of working life)

15 Industry or Business: Globe Paper (NEWS)

16 Social Security No. 031-22-1255

17 BIRTHPLACE (City) (State or country) Boston, Mass

PARENTS

18 NAME OF FATHER Joseph Wiseman

19 BIRTHPLACE OF FATHER (City) (State or country) Russia

20 MAIDEN NAME OF MOTHER ---------

21 BIRTHPLACE OF MOTHER (City) (State or country) Russia

22 Informant Frances Wiseman
(Address) 6 Caddy Rd. Mattapan

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Eugene Leonard E 17094
(Signature of Agent of Board of Health or other)

(Official Designation) Feb 14 1959 (Date of Issue of Permit)

B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-8-57-920750

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. .....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

FEB 20 1946

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1)Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

DMR-301A

N.—THIS IS A
MNENT RECORD.
se only
A: APPROVED
ink or black
writer ribbon.

INSTRUCTIONS
FOR
IL CERTIFICATE

giving
S OF DEATH

do not enter
more than one
ate for each
(a) (b) and (c)

This does not mean
ode of dying,
heart failure,
etc. It means
ease, or compli-
which caused

Reasons, if any,
gave rise to
cause (a),
the under-
cause last.

Conditions contrib-
death but not
the terminal
condition given

Chapter 137,
1954, requires
ns to print or
cause or
of death on
certificates.

CAP. 46, §§ 9 &
CAP. 114 §§ 45,
CHAP. 38 § 6.)

0-58-923886

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 23

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mildred Frances Crowell (Tucker)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 393 Pleasant Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence 58 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February (Month) 15 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 11-22-, 1958, to Feb. 15, 1959

I last saw her alive on Feb. 15, 1959, death is said to have occurred on the date stated above, at 3 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebro vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: hours

Due To (b) Arteriosclerosis Generalized — years

Due To (c) Senility — years

Reasons, if any, gave rise to cause (a), the under-lying cause last.

OTHER SIGNIFICANT CONDITIONS

Conditions contrib-uted to death but not related to the terminal condition given

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph [illegible], M. D.

(Address) 19 Winthrop St. Date 2-16, 1959

6 Woodlawn ~~Cemetery~~ ~~Everett~~ Winthrop, Mass.
Place ~~of Burial or~~ Cremation EVERETT (City or Town)
DATE OF BURIAL February 17, 1959

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed FEB 19 1959
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: female
9 COLOR: white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

10a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of John Newton Crowell (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 9 Months 10 Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: housework (Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Plymouth (State or country) England

PARENTS

17 NAME OF FATHER George Tucker

18 BIRTHPLACE OF FATHER (City) ..... (State or country) England

19 MAIDEN NAME OF MOTHER Fanny Westcott

20 BIRTHPLACE OF MOTHER (City) ..... (State or country) England

21 Informant Sidvin Frank Tucker
(Address) 393 Pleasant St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Nersessian
(Signature of Agent of Board of Health or other)

Health Officer — 2/17/59
(Official Designation) (Date of Issue of Permit)

V.B.V

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RECEIVED

FEB 19 1959 AM

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

R-301A

IUCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

oes not mean of dying, heart failure, etc. It means e. or compli- which caused

ns, if any, ave rise to cause (a), the under- cause last.

ions contrib- death but not the terminal ndition given

Chapter 137, 954, requires s to print or cause or death on ificates.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 21

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Flynn Marsh
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 41 Bates Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 2 days. In place of residence 50 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February (Month) 21 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1959, to Feb 20, 1959
I last saw h(er) alive on Feb 20, 1959, death is said to have occurred on the date stated above, at 9 45 a m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Myocarditis	3 days
Due To (b) Carcinomatosis (Breast)	3 years
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? No
What test confirmed diagnosis? Clinical Signs

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Daniel J. O'Brien, M. D.
(Address) 78 Nash Rd Winthrop Date Dec 21 1959

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL February 25, 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop, Mass

Received and filed 2-24-59 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Francis E. Marsh (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 6 6 Years ..... Months ..... Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Retired Operator (Kind of work done during most of working life)

14 Industry or Business: Telephone Co

15 Social Security No.

16 BIRTHPLACE (City) Boston (State or country) Mass

PARENTS
17 NAME OF FATHER Daniel J. Flynn
18 BIRTHPLACE OF FATHER (City) ..... (State or country) Ireland
19 MAIDEN NAME OF MOTHER Mary J. Foley
20 BIRTHPLACE OF MOTHER (City) ..... (State or country) Ireland

21 Informant Joseph F. Marsh
(Address) 41 Bates Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Lerrand
(Signature of Agent of Board of Health or other)
Health Officer 2/24/59
(Official Designation) (Date of Issue of Permit)

V.B.V

50M-11-56-918978

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

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1 21 1953 AM

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

I R-301A

UCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

oes not mean of dying, heart failure, tc. It means e, or compli- which caused

ns, if any, ave rise to cause (a), the under- ause last.

ions contrib- death but not the terminal ndition given

Chapter 137, 954, requires s to print or cause or f death on tificates.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 25

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. ~~104 Highland Ave.~~ Mount's ~~Nursing~~ Convalescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Matilda (Robinshaw) Cox
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 104 Highland Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 3 years ... months ... days. In place of residence 50 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. (Month) 25 (Day) 1959 (Year)

4 I HEREBY CERTIFY: That I attended deceased from 1956, 19..., to Feb. 25, 1959
I last saw her alive on Feb. 24, 1959, death is said to have occurred on the date stated above, at 5:15 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Cerebrovascular accident	hours
Due To (b) Arteriosclerosis generalized	yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Emphysema, Dermatitis	yrs

Was autopsy performed? No
What test confirmed diagnosis? Clinical findings

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leslie Gregson, M. D.
(Address) 19 Winthrop Date 2-26 1959

6 Fern Hill Hanson, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Feb. 28 1959

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop, Mass.

Received and filed FEB 27 1959 19...
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of James E Cox
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 90 Years 0 Months 2 Days
If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City) (State or country) New Brunswick, ~~Canada~~

PARENTS

17 NAME OF FATHER Peter Robinshaw

18 BIRTHPLACE OF FATHER (City) (State or country) Unable to obtain

19 MAIDEN NAME OF MOTHER Emphrasia ----------

20 BIRTHPLACE OF MOTHER (City) (State or country) Unable to obtain

21 Informant O.A.A. Records
(Address) Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Germanowsky
(Signature of Agent of Board of Health or other)
Health Officer 2/27/59
(Official Designation) (Date of Issue of Permit)
V.B.V

50M-11-56-918978

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

FEB 27 1959 PM

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

R-303 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-8-57-920750

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 26

No. en route to Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME KAREN GILFOYLE (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 18 Townsend Street St. Winthrop, Mass. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death 2 years 8 months days. In place of residence 2 years 8 months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February (Month) 27 (Day) 1959 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

PNEUMONITIS

5 Accident, suicide, or homicide (specify)

Date and hour of injury 19

Where did Injury occur? (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury (How did injury occur?)

Nature of Injury

While at work? Was autopsy performed? NO

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leonard Ostrin M. D.

(Address) 25 Shattuck St. Date 2/27 1959

7 WINTHROP Place of Burial, or Cremation. WINTHROP (City or Town)

DATE OF BURIAL MARCH 2 1959

8 NAME OF FUNERAL DIRECTOR Maurice W. Ruby

ADDRESS WINTHROP

Received and filed MAR 2 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX FEMALE

10 COLOR OR RACE WHITE

11 SINGLE MARRIED WIDOWED or DIVORCED (write the word) SINGLE

11a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 2 Years 8 Months Days If under 24 hours Hours Minutes

14 Usual Occupation: NONE (Kind of work done during most of working life)

15 Industry or Business: NONE

16 Social Security No. NONE

17 BIRTHPLACE (City) WINTHROP (State or country) MASS

PARENTS

18 NAME OF FATHER FRANCIS P GILFOYLE

19 BIRTHPLACE OF FATHER (City) BOSTON (State or country) MASS

20 MAIDEN NAME OF MOTHER FLORENCE P. FITZPATRICK

21 BIRTHPLACE OF MOTHER (City) CHELSEA (State or country) MASS

22 Informant FRANCIS P GILFOYLE (Address) 18 TOWNSEND ST WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter E. Sullivan
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/1/59 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.. .. The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1)Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

MR-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

does not mean of dying, heart failure, etc. It means or compli- which caused

ns, if any, ave rise to cause (a). the under- cause last.

ions contrib- death but not the terminal ndition given

Chapter 137, 954, requires s to print or cause or f death on tificates.

DECLINED BY MEDICAL EXAMINER

31 1959

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 116 27

1 PLACE OF DEATH: SUFFOLK (County) — BOSTON (City or Town)

No. MASSACHUSETTS GENERAL HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME GEORGE KOCH
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 52 A Trident st. St. WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..years..months 9 days. In place of residence 15 years..months..days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JANUARY (Month) 2 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1958, to Jan. 2, 1959. I last saw him alive on Jan. 2, 1958, death is said to have occurred on the date stated above, at 6:25 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Bronchopneumonia, acute right	5 days
Due To (b) Diabetes Mellitus	unknown years
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Myocardial infarct, healed, postterm. Diabetic glomerulosclerosis	3 month prior. month

Was autopsy performed? yes
What test confirmed diagnosis? autopsy & clinical

5 Was disease or injury in any way related to occupation of deceased? ..
If so, specify ..

(Signed) C. H. Clay, M. D.
(Address) Asst. Dir. Mass. Gen'l Hosp. Date 1/3/ 1959

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL Jan. 5 1959

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds JAN 12 1959
ADDRESS Winthrop Mass.

Received and filed JAN 12 1959
Charles H. [illegible] (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced HUSBAND of Iva Holmes
(Give maiden name of wife in full)
(or) WIFE of ..
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 11 Months 7 Days — If under 24 hours ..Hours..Minutes

13 Usual Occupation: Machinist
(Kind of work done during most of working life)

14 Industry or Business: Boston Elevated

15 Social Security No. None

16 BIRTHPLACE (City) Providence (State or country) R. I.

PARENTS
17 NAME OF FATHER Godfrey Koch
18 BIRTHPLACE OF FATHER (City) Providence (State or country) R. I.
19 MAIDEN NAME OF MOTHER Sarah L [illegible]
20 BIRTHPLACE OF MOTHER (City) Providence (State or country) R. I.

21 Informant Iva Koch
(Address) 52A Trident Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
[illegible] Meade
(Signature of Agent of Board of Health or other)
753 (Official Designation) 1-5-59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED
MAR 31 1959 AM

MR-301A

TRUCTIONS FOR L CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

does not mean of dying, heart failure, etc. It means se, or compli- which caused

760.5

ons, if any, gave rise to cause (a), the under- cause last.

tions contrib- death but not the terminal ondition given

Chapter 137, 1954, requires ns to print or o cause or of death on rtificates.

31 1959

SOM-S-57-920345

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent. 28

Registered No. 60245

PLACE OF DEATH

1 (County) SUFFOLK

(City or Town) BOSTON

No. BOSTON LYING-IN HOSPITAL St. (If death occurred in a hospital or Institution, give its NAME instead of street and number)

2 FULL NAME BABY BOY THOMPSON TWIN 2 (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 30 CRYSTAL COVE AVE. St. WINTHROP, 52, MASS. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JAN. (Month) 5 (Day), 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from JAN. 3, 1959, to JAN. 5, 1959

I last saw him alive on JAN. 5, 1959, death is said to have occurred on the date stated above, at 9.48 A. m.

INTERVAL BETWEEN ONSET AND DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) HYALINE MEMBRANE DISEASE

Due To (b) Subarachnoid hemorrhage

Due To (c)

OTHER SIGNIFICANT CONDITIONS Prematurity

Was autopsy performed? YES

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Duncan S. Reid, M. D.

(Address) 224 Longwood Ave. Date Jan. 5 1959

6 Place of Burial or Cremation ST. MICHAELS CEM. (City or Town) BOSTON

DATE OF BURIAL JAN. 10, 1958

7 NAME OF FUNERAL DIRECTOR J. M. LINEHAN

ADDRESS 19 CHAMBERS ST. BOSTON

Received and filed JAN 13 1959 19

Charles H. Zanck

PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE

9 COLOR WHITE

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) SINGLE

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE ..... Years ..... Months 2 Days

If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) (State or country) BOSTON, MASS.

PARENTS

17 NAME OF FATHER JAMES THOMPSON

18 BIRTHPLACE OF FATHER (City) (State or country) E. BOSTON, MASS.

19 MAIDEN NAME OF MOTHER MILDRED HURLEY

20 BIRTHPLACE OF MOTHER (City) (State or country) MEDFORD, MASS.

21 Informant BOSTON LYING-IN HOSPITAL (Address) 221 LONGWOOD AVE. BOSTON MASS.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W. J. Cane (Signature of Agent of Board of Health or other)

845 (Official Designation) 1-9-59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED

MAR 31 1959 AM

RM R-301A

ISTRUCTIONS FOR CAL CERTIFICATE

In giving E OF DEATH

o not enter re than one usa for each a), (b) and (c)

is does not mean mode of dying, as heart failure, ia, etc. It means sease, or compli- which caused

760.5

ditions, if any, h gave rise to e cause (a), ng the under- cause last.

(nditions contrib- to death but not to the terminal condition given

e:- Chapter 137, of 1954, requires cians to print or tha cause or s of death on cartificates.

R 31 1959

SOM-5-57-920345

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent. 28

Registered No. 00245

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON (City or Town)

No. BOSTON LYING-IN HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

2 FULL NAME BABY BOY THOMPSON TWIN 2
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 30 CRYSTAL COVE AVE. St. WINTHROP, 52, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JAN. (Month) 5 (Day), 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from JAN. 3, 1959, to JAN. 5, 1959
I last saw him alive on JAN. 5, 1959, death is said to have occurred on the date stated above, at 9.48 A. m.

INTERVAL BETWEEN ONSET AND DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) HYALINE MEMBRANE DISEASE

Due To (b) SubarachNoid HEMORRHAGE

Due To (c)

OTHER SIGNIFICANT CONDITIONS Prematurity

Was autopsy performed? YES
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) Duncan S. Neal, M. D.
(Address) 226 Longwood Ave. Date Jan. 5 1959

6 Place of Burial or Cremation ST. MICHAELS CEM. (City or Town) BOSTON
DATE OF BURIAL JAN. 10, 1958

7 NAME OF FUNERAL DIRECTOR J. M. LINEHAN
ADDRESS 19 CHAMBERS ST. BOSTON

Received and filed JAN 13 1959 19
Charles H. Tomek (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE

9 COLOR WHITE

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) SINGLE

10a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE ..... Years ..... Months 2 Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: ..... (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) (State or country) BOSTON, MASS.

PARENTS

17 NAME OF FATHER JAMES THOMPSON

18 BIRTHPLACE OF FATHER (City) (State or country) E. BOSTON, MASS.

19 MAIDEN NAME OF MOTHER MILDRED HURLEY

20 BIRTHPLACE OF MOTHER (City) (State or country) MEDFORD, MASS.

21 Informant Boston Lying-in Hospital
(Address) 221 Longwood Ave. Boston Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W. J. Cane
(Signature of Agent of Board of Health or other)

845 (Official Designation) 1-9-59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED

MAR 31 1959 AM

RM R-301A

NSTRUCTIONS FOR CAL CERTIFICATE

In giving SE OF DEATH

o not enter ore than one use for each a), (b) and (c)

is does not mean mode of dying, as heart failure, ia, etc. It means isease, or compli- which caused

177

itions, if any, h gave rise to e cause (a), ng the under- cause last.

nditions contrib- to death but not to the terminal condition given

:- Chapter 137, of 1954, requires rclana to print ar e the cause or n of death on t certificates.

R 31 1959

BDM-1-58-921876

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent 29

Registered No. 00526

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)

No. MASSACHUSETTS GENERAL HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME EVERETT WORTHLEY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 142 PLEASANT STREET St. WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years ___ months ___ days. In place of residence 75 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JANUARY (Month) 10 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1958 to Jan. 10, 1959 We last saw him alive on Jan. 10, 1959 death is said to have occurred on the date stated above, at 10:42 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Uremia	2 weeks
Due To (b) Chronic Pyelonephritis (Pyelonephritis)	? Months
Due To (c) Carcinoma, prostate	? Months
OTHER SIGNIFICANT CONDITIONS Peritonitis	2 weeks

Was autopsy performed? Yes
What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? ___
If so, specify ___

(Signed) O. L. Clay, M. D.
(Address) Asst. Dir. Mass. Gen'l Hosp. Date 1/12/ 1959

6 Place of Burial or Cremation Pine Grove Lynn Mass (City or Town)
DATE OF BURIAL Jan 19 1959

7 NAME OF FUNERAL DIRECTOR Harry L. Richards
ADDRESS 48 Lafayette Park Lynn

Received and filed JAN 20 1959
Charles H. [illegible] (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Divorced

10a If married, widowed, or divorced
HUSBAND of ___ (Give maiden name of wife in full)
(or) WIFE of Not Known (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 2 Months 12 Days. If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Clerk Retired (Kind of work done during most of working life)

14 Industry or Business: Ivel Johnson Boston

15 Social Security No. 019-110-4218

16 BIRTHPLACE (City) Lynn Mass. (State or country)

PARENTS
17 NAME OF FATHER Mark John Worthley
18 BIRTHPLACE OF FATHER (City) Antrim (State or country) N. H.
19 MAIDEN NAME OF MOTHER Could not be Learned
20 BIRTHPLACE OF MOTHER (City) Not Known (State or country)

21 Informant Mrs O'Donnell
(Address) Old Age Office Lynn Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W. J. Kane (Signature of Agent of Board of Health or other)

982 (Official Designation) 1-16-59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED

MAR 31 1959

M R-301A

TRUCTIONS FOR L CERTIFICATE

n giving OF DEATH

not enter e than one e for each , (b) and (c)

does not mean de of dying, heart failure, etc. It means ase, or compli- which caused

ions, if any, gave rise to cause (a), the under- cause last.

181

itions contrib- death but not to the terminal condition given

Chapter 137, 1954, requires ona to print or he cause or of death on rtificates.

31 1959

60M-1-58-921876

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent. 30

Registered No. 00340

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Mass. Memorial Hospitals St. (If death occurred in a hospital or Institution, give its NAME instead of street and number)

2 FULL NAME John J. Doherty
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 20 Oceanview Street St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 11, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 2, 59 to Jan. 11, 1959
I last saw h im alive on Jan. 11, 1959, death is said to have occurred on the date stated above, at 2:35P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

Due To (b) Carcinoma of Bladder

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? Yes
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Charles P Lucas, M. D.
(Address) 750 Harrison Ave Boston Date 1-11 59

6 Place of Burial or Cremation Mattapan Com-Winthrop
DATE OF BURIAL 1-14-59 19

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby
ADDRESS 210 Winthrop St., Winthrop

Received and filed JAN 15 1959 19
Charles A. Mack
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of Mary E. Ahern
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 58 Years ..... Months ..... Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Supervisor
(Kind of work done during most of working life)

14 Industry or Business: N.E. Tel. & Tel.

15 Social Security No. unknown

16 BIRTHPLACE (City) (State or country) Worcester

PARENTS
17 NAME OF FATHER John Doherty
18 BIRTHPLACE OF FATHER (City) (State or country) unknown
19 MAIDEN NAME OF MOTHER Ellen Conlin
20 BIRTHPLACE OF MOTHER (City) (State or country) unknown

21 Mass
Informant Mary E. Doherty
(Address) 20 Ocean view St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
W. J. Kane
(Signature of Agent of Board of Health or other)

879 (Official Designation) 1-12-59 (Date of Issue of Permit)

V.B.V

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED

MAR 31 1959

OUT OF TOWN

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health

Registered No. W0522 31

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
MASSACHUSETTS GENERAL HOSPITAL
No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARY ALLEN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. BEACON VILLA 31 Villa Ave. St. WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years ___ months 1 days. In place of residence 50 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JANUARY (Month) 13 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 13, (1:15P) 19__ to Jan. 13, 1959
I last saw him alive on Jan. 13, 1959, death is said to have occurred on the date stated above, at 11:58P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Due To (b) Hypertensive heart disease — year
Due To (c) Arteriosclerotic heart disease — yrs.
OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? ___
If so, specify ___

(Signed) C. K. Olay, M. D.
(Address) Asst. Dir. Mass. Gen'l Hosp. Date 1/14/ 1959

6 Winthrop — Winthrop (City or Town)
Place of Burial or Cremation
DATE OF BURIAL Jan. 17 1959

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop, Mass

Received and filed 7 JAN 20 1959
Charles H. Mackie (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of ___ (Give maiden name of wife in full)
(or) WIFE of Alfred D Allen (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years ___ Months ___ Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Nurse (Kind of work done during most of working life)

14 Industry or Business: Household

15 Social Security No. None

16 BIRTHPLACE (City) Kingston (State or country) Mass

PARENTS
17 NAME OF FATHER Andrew Norton
18 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country)
19 MAIDEN NAME OF MOTHER Mary Smith
20 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country)

21 Informant Records Town of Winthrop (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Therese Meier (Signature of Agent of Board of Health or other)
E00965 (Official Designation) 1-16-59 (Date of Issue of Permit)

V.B.

M R-301A

TRUCTIONS FOR L CERTIFICATE

a giving OF DEATH

not enter than one e for each (b) and (c)

does not mean de of dying, heart failure, etc. It means ase, or compli- which caused

420

ions, if any, gave rise to cause (a), the under- cause last.

litions contrib- death but not to the terminal condition given

- Chapter 137, 1954, requires ann to print or the cause or of death on certificates.

R 31 1959

30M-1-58-921876

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED

MAR 31 1959

OUT - OF - TOWN

ORM R-301A

N.B.–THIS IS A MARENT RECORD. Use only ATE APPROVED ack ink or black pewriter ribbon.

INSTRUCTIONS FOR ICAL CERTIFICATE

In giving SE OF DEATH do not enter more than one ause for each (a), (b) and (c)

his does not mean mode of dying, as heart failure, nia, etc. It means ffirate, or compli- s which caused .

nditions, if any, ch gave rise to ve cause (a), ing the under- g cause last.

onditions contrib- to death but not d to the terminal e condition given).

e:- Chapter 137, of 1954, requires icians to print or the cause or s of death on certificates.

CHAP. 46, § 9 & CHAP. 114 § 45, CHAP. 38 § 6.)

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10M-10-58-823666

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 00908

32

1 PLACE OF DEATH: X Suffolk (County); Boston (City or Town); No. Beth Israel Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME David H. Shore (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. ~~40 Green~~ 46 Tewksbury St. ~~Brookline~~ Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 25 Minutes years months days. In place of residence 4 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January (Month) 23 (Day), 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from January 22 1959 to January 23, 1959

I last saw him alive on January 23 1959, death is said to have occurred on the date stated above, at 12:20 Am.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PULMONARY EDEMA — INTERVAL BETWEEN ONSET AND DEATH: 1 day

Due To (b) MYOCARDIAL INSUFFICIENCY

Due To (c) ATHEROSCLEROTIC HEART DISEASE

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? Yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Robert S. Morrison M. D.

(Address) Beth Israel Hos. Date 1/23 1959

Place of Burial or Cremation Forest Hills Crematory — W. Roxbury (City or Town)

DATE OF BURIAL January 26 1959

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach

ADDRESS 10 Washington St. Dorchester

Received and filed JAN 28 1959 19 Charles A. [illegible] (Registrar)

MAR 31 1959

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) WIDOWED

10a If married, widowed, or divorced—HUSBAND of FANNIE ALPERT (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years Months Days — If under 24 hours Hours Minutes

13 Usual Occupation: PAINTER (Kind of work done during most of working life)

14 Industry or Business: RETIRED

15 Social Security No. C. N. D. L.

16 BIRTHPLACE (City) (State or country) RUSSIA

PARENTS

17 NAME OF FATHER MYER SHORE

18 BIRTHPLACE OF FATHER (City) (State or country) RUSSIA

19 MAIDEN NAME OF MOTHER SARAH - Cannot be learned

20 BIRTHPLACE OF MOTHER (City) (State or country) RUSSIA

21 Informant JACK SHORE (Address) 3 Maple Ct., Roxbury

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

[illegible] (Signature of Agent of Board of Health or other)

1105 (Official Designation) 1-26-9 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles F. Mackie

City Registrar

RECEIVED

MAR 31 1959 AM

FORM R-301A

INSTRUCTIONS FOR MEDICAL CERTIFICATE

In giving CAUSE OF DEATH do not enter more than one cause for each of (a), (b) and (c)

This does not mean mode of dying, such as heart failure, asthenia. It means the disease, complications which caused death.

Morbid conditions, if any, giving rise to the immediate cause (a) stating the underlying cause

Conditions contributing to the death but not related to the disease or condition causing death.

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 00905

1 PLACE OF DEATH: Suffolk (County); Boston (City or Town); No. 95 Moreland St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Albert Mardon (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence (Usual place of abode): No. 29 James Ave. St. Winthrop (If nonresident, give city or town and State)

Length of stay: In place of death ..... years 4 months ..... days. In place of residence 2 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH: January 24, 1959 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1959 to Jan. 24, 1959. I last saw him alive on Jan. 24, 1959. Death is said to have occurred on the date stated above, at 1:00 p.m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) pneumonia	2 days
ANTECEDENT CAUSES Due To (b) cerebral vascular accident	2wks
Due To (c) generalized arteriosclerosis	
OTHER SIGNIFICANT CONDITIONS	

Major findings: Of operations .....

Date of operation ..... Was autopsy performed? .....

What test confirmed diagnosis? .....

5 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) F. William Thomas M. D.

(Address) 305 Washington St. Date 1-24- 1959

6 Mt Hope Cor. Boston — Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan. 27 1959

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop Mass

Received and filed JAN 30 1959 19..

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced HUSBAND of Fannie Bassett (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 5 Months 27 Days — If under 24 hours Hours ..... Minutes

13 Usual Occupation: Distiller (Kind of work done during most of working life)

14 Industry or Business: Drugs

15 Social Security No. 012-10-0728

16 BIRTHPLACE (City) Boston (State or country) Mass

PARENTS

17 NAME OF FATHER David Marden

18 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass

19 MAIDEN NAME OF MOTHER Mary Jane Q-N-Q

20 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass

21 Informant Albert M Marden Jr. (Address) 29 James Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

L. Meade (Signature of Agent of Board of Health or other)

1115 (Official Designation) 1-26-59 (Date of Issue of Permit)

30M-5-52-807046

MAR 31 1959

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED

MAR 31 1959 AM

A R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-2-56-922072

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Registered No. 34

Danvers (City or Town making this return)

1 PLACE OF DEATH: Essex (County); Danvers (City or Town)

No. Danvers State Hospital, Hathorne St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ruth C. Romine (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 70 Bowdoin St., Winthrop, Mass St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 0 years 5 months 7 days. In place of residence ... years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 15, 1959 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept. 8, 19 58, to Feb. 15, 19 59, I last saw he alive on Feb. 13, 19 59, death is said to have occurred on the date stated above, at 7:45A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Alzheimer's Disease

Due To (b)

Due To (c)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS Generalized Arteriosclerosis

yrs

Was autopsy performed? no

What test confirmed diagnosis? Clinical Laboratory

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Andrew Nichols, III, M. D.

(Address) Hathorne, Mass. Date 2/19/59 19

6 Place of Burial or Cremation Cambridge Cemetery-Cambridge (City or Town)

DATE OF BURIAL February 17, 1959 19

7 NAME OF FUNERAL DIRECTOR J. [illegible] MacDonald

ADDRESS Watertown, Mass.

Received and filed 3-20-59 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: female

9 COLOR: White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word): widowed

10a If married, widowed, or divorced HUSBAND of 1. Maurice Dustin (Give maiden name of wife in full) (or) WIFE of 2. Frank Romine (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years 2 Months 15 Days. If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Housekeeper (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 486-32-7071

16 BIRTHPLACE (City) Arlington, (State or country) Mass.

PARENTS

17 NAME OF FATHER Charles Coolidge

18 BIRTHPLACE OF FATHER (City) unk. (State or country) unk.

19 MAIDEN NAME OF MOTHER Julia Streeter

20 BIRTHPLACE OF MOTHER (City) unk. (State or country) unk.

21 Informant Mary E. Sheehan (Address) Hathorne, Mass.

A TRUE COPY ATTEST: Daniel J. Toomey (Registrar of City or Town where death occurred)

DATE FILED Mar. 20, 19 59

RECEIVED
MAR 1 2 1933

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

does not mean e of dying, heart failure, etc. It means e, or compli- which caused

ns, if any, ave rise to cause (a), the under- cause last.

ions contrib- death but not the terminal ondition given

Chapter 137, 954, requires s to print or cause or f death on tificates.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 36

PLACE OF DEATH

1 (County) Winthrop (City or Town)

No. Winthrop Comm. Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Israel Leventhal
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) non-e

(a) Residence. No. 58 Summit Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months 3 days. In place of residence 35 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH (Month) 3 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1959, to MARCH 3, 1959
I last saw him alive on March 3, 1959, death is said to have occurred on the date stated above, at 9:30 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE — INTERVAL BETWEEN ONSET AND DEATH

(a) Cerebral Hemorrhage — 4 days

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS: None.

Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles Liberman M. D.
(Address) Winthrop, Mass Date 3/3/ 1959

6 Place of Burial or Cremation Sharon Mem. Park (City or Town) Sharon Mass.
DATE OF BURIAL 3-5-59 19

7 NAME OF FUNERAL DIRECTOR Schlossberg & Sons
ADDRESS 1257 Blue Hill Ave. Matt.

Received and filed MAR 5 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: male
9 COLOR: white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

10a If married, widowed, or divorced
HUSBAND of Eva Smaller (Give maiden name of wife in full)
(or) WIFE of ____ (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years ____ Months ____ Days — If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: Salesman (Kind of work done during most of working life)

14 Industry or Business: Hardware Business

15 Social Security No. 034-14-3660

16 BIRTHPLACE (City) ____ (State or country) Russia

PARENTS

17 NAME OF FATHER Mendel Leventhal

18 BIRTHPLACE OF FATHER (City) ____ (State or country) Russia

19 MAIDEN NAME OF MOTHER Leah (c.n.b.l)

20 BIRTHPLACE OF MOTHER (City) ____ (State or country) Russia

21 Informant Tillie Richards
(Address) 566 Harvard St. Matt.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph E. Freeman
(Signature of Agent of Board of Health or other)
Health Officer 3/4/59
(Official Designation) (Date of Issue of Permit)

50M-11-56-918978

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

does not mean e of dying, heart failure, etc. It means re, or compli- which caused

ns, if any, ave rise to cause (a), the under- cause last.

ions contrib- death but not the terminal ndition given

Chapter 137, 954, requires is to print or cause or f death on tificates.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 32

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helen Burnham Lewis
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 68 Ocean View St. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months 2 days. In place of residence 45 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March (Month) 4 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 3-2, 1959, to 3-4, 1959

I last saw her alive on 3-3, 1959, death is said to have occurred on the date stated above, at 2:30 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) cerebral vascular accident

Due To (b) arteriosclerosis

Due To (c)

OTHER SIGNIFICANT CONDITIONS Congestive heart failure pneumonitis

INTERVAL BETWEEN ONSET AND DEATH 48 hours

Was autopsy performed? No

What test confirmed diagnosis? Ecg. X-Rays

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H Bergenfield, M. D.

(Address) 447 Winthrop St Winthrop Mass Date 3-4 1959

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL March 6 1959

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop, Mass

MAR 5 1959

Received and filed ____ 19____

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Divorced

10a If married, widowed, or divorced
HUSBAND of ____
(Give maiden name of wife in full)
(or) WIFE of Theodore Lewis
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 3 Months 1 Days

If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. 029-22-4745

16 BIRTHPLACE (City) Omaha
(State or country) Nebraska

PARENTS

17 NAME OF FATHER NATHAN ~~Nason~~ Burnham

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

19 MAIDEN NAME OF MOTHER Mary C Morgan

20 BIRTHPLACE OF MOTHER (City) Binghamton Bimington
(State or country) New York

21 Informant Theodore B Lewis
(Address) 68 Ocean View St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter E. Sweeney
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

3/5/59
(Date of Issue of Permit)

50M-11-56-918978

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-303 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M.-8-57-920750

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 234

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 11 Girdlestone Road, Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JEAN Del ~~Fergo~~ FERGO
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 11 Girdlestone Road St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years 5 months 14 days. In place of residence ....years 5 months 14 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March (Month) 6 (Day) 1959 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

INTERSTITIAL PNEUMONITIS

5 Accident, suicide, or homicide (specify) ....

Date and hour of injury ....19....

Where did Injury occur? .... (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? .... (Specify type of place)

Manner of Injury .... (How did injury occur?)

Nature of Injury ....

While at work? .... Was autopsy performed? Yes

6 Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) Michael Thomas, M. D.

(Address) Boston, Mass. Date 3/6 1959

7 Winthrop Place of Burial, or Cremation. Winthrop (City or Town)

DATE OF BURIAL March 9 1959

8 NAME OF FUNERAL DIRECTOR Maurice H. Kirby

ADDRESS 240 Winthrop St. Winthrop

MAR 27 1959

Received and filed ....19....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX F

10 COLOR OR RACE White

11 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

11a If married, widowed, or divorced
HUSBAND of ....
(Give maiden name of wife in full)
(or) WIFE of ....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE ....Years 5 Months 14 Days | If under 24 hours ....Hours....Minutes

14 Usual Occupation: ....
(Kind of work done during most of working life)

15 Industry or Business: ....

16 Social Security No. ....

17 BIRTHPLACE (City) Winthrop (State or country)

PARENTS

18 NAME OF FATHER Anthony Del ~~Fergo~~ Fergo

19 BIRTHPLACE OF FATHER (City) Boston Mass. (State or country)

20 MAIDEN NAME OF MOTHER Anne E Masone

21 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass ~~Fergo~~

22 Informant Anthony Del ~~Fergo~~ Fergo
(Address) 11 Girdlestone Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ray Rogerson
(Signature of Registrar)

1734
(Official Registration No.)

3-6-59
(Date of Issue of Permit)

A130 2020

X

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician of officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. .... .Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.... .The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE.

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

MAR 26 1953

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1)Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

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IR-301A

UCTIONS FOR CERTIFICATE

giving OF DEATH

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 39

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry Irving Furlong Sr.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. ~~30~~ 20 Almont St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years ___ months 1 days. In place of residence 10 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 9, 1959 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from January, 1959, to March 9, 1959

I last saw him alive on March 8, 1959, death is said to have occurred on the date stated above, at 3:25 am.

DEATH WAS CAUSE BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Rheumatic Heart disease	1945
Due To (b) Calcified aortic stenosis	1950
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Coronary thrombosis	Jan. 1959.

Was autopsy performed? no
What test confirmed diagnosis? clinical and lab

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Pasquale Catanzo, M. D.
(Address) 238 Maverick Street East Boston, Mass. Date 3/9/59

6 Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL March 11 1959

7 NAME OF FUNERAL DIRECTOR Ernest P Caggiano
ADDRESS 147 Winthrop St, Winthrop.

Received and filed MAR 10 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: M

9 COLOR: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of Anna M George
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years ___ Months ___ Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Mechanic
(Kind of work done during most of working life)

14 Industry or Business: Typewriters Supply

15 Social Security No. 013-05-4753

16 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

17 NAME OF FATHER Henry Furlong

18 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Margaret Cavanaugh

20 BIRTHPLACE OF MOTHER (City)
(State or country) ~~Nova Scotia~~ Boston

21 Informant Mrs Anna M Furlong
(Address) 20 Almont St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Sexauer
(Signature of Agent of Board of Health or other)

Health Officer 3/10/59
(Official Designation) (Date of Issue of Permit)

50M-11-56-918978

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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M R-301A

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TRUCTIONS
FOR
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Chapter 137,
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of death on
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CAP. 46, §§ 9 &
AP. 114 §§ 45,
(AP. 38 § 6.)

O-58-923886

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 40

PLACE OF DEATH
1 Suffolk (County)
Winthrop (City or Town)
No. 9 VINE AVE WINTHROP St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs Sarah (Davis) Halward
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 9 VINE AVE Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 8 years ___ months ___ days. In place of residence 8 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAR (Month) 10 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1958, to MAR 10, 1959
I last saw he alive on MAR. 9, 1959, death is said to have occurred on the date stated above, at 11 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) CEREBRAL VASCULAR ACCIDENT	5 DAYS
Due To (b) HYPERTENSIVE and ARTERIO-SCLEROTIC HEART DIS	2 YRS.
Due To (c) WITH CONGESTIVE FAILURE	4 MO
OTHER SIGNIFICANT CONDITIONS NONE	

Was autopsy performed? No
What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Myron N. King, M. D.
(Address) 222 Pleasant St WINTHROP Date 3/10 1959

6 Place of Burial or Cremation Forest Hills (City or Town) Boston Mass
DATE OF BURIAL March 13 1959

7 NAME OF FUNERAL DIRECTOR Shaw & Williamson Inc
ADDRESS 173 Brighton Ave Allston

Received and filed MAR 11 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F
9 COLOR WHITE
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) WIDOWED

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of William Davis Halward
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years 5 Months 17 Days | If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: at Home

15 Social Security No. None

16 BIRTHPLACE (City) (State or country) Boston, Mass

PARENTS
17 NAME OF FATHER Joseph Davis
18 BIRTHPLACE OF FATHER (City) (State or country) England
19 MAIDEN NAME OF MOTHER Elizabeth Saunders
20 BIRTHPLACE OF MOTHER (City) (State or country) England

21 Informant Mrs Elizabeth Stocks
(Address) 85 Oak St. Natick

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph E. Lawrence
(Signature of Agent of Board of Health or other)
Health Officer 3/11/59
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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MAR 1 1 1959

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

R-301A

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FOR
CERTIFICATE

giving
OF DEATH

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Chapter 137,
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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 41

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 94 Locust Street, Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Tauchen
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) WW 1

(a) Residence. No. 94 Locust St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 37 years ... months ... days. In place of residence 37 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March (Month) 11 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 2-3, 1959, to 3-11, 1959

I last saw him alive on 3-9-, 1959, death is said to have occurred on the date stated above, at 5:59 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Myocardial Heart Disease	yrs
Due To (b) Arteriosclerosis generalized	yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Bronchial Asthma Emphysema	yrs

Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Joseph Gregoire, M. D.

(Address) 194 Washington Ave. Date 3-11 1959

Winthrop Cemetery, Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 13th 1959

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington St., E. Boston

Received and filed MAR 11 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of Anna M. Liska
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 10 Months 2 Days

If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Cutter
(Kind of work done during most of working life)

14 Industry or Business: Clothing

15 Social Security No. 013-03-4798

16 BIRTHPLACE (City) Czechoslovakia
(State or country) Austria

PARENTS

17 NAME OF FATHER (CBL) Tauchen

18 BIRTHPLACE OF FATHER (City) CBL
(State or country) Austria

19 MAIDEN NAME OF MOTHER CBL

20 BIRTHPLACE OF MOTHER (City) CBL
(State or country) Austria

21 Informant Mrs. Anna M. Tauchen-wife
(Address) 94 Locust St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter C. Lekanos
(Signature of Agent of Board of Health or other)

Health Officer 3/11/59
(Official Designation) (Date of Issue of Permit)

50M-11-56-918978

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED
1959 AM

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE Dec 22, 1913

DATE OF DISCHARGE July 2, 1919

RANK, RATING PVT. 1C

ORGANIZATION AND OUTFIT 2nd. Co. C.A.C.

SERVICE NUMBER 576714

M R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-8-56-918227

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Medford (City or Town making this return)

Registered No. 42

1 PLACE OF DEATH: Middlesex (County); Medford (City or Town)

No. 34 Grove St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rose F. Berridge
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 25 Pearl Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 20 years ..... months ..... days. In place of residence 35 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March (Month) 15 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 10, 1957 to Mar 15, 1959, I last saw he alive on Mar 14, 1959, death is said to have occurred on the date stated above, at 2.05 A

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Hypostatic Pneumonia	3dys
Due To (b) Cerebral Hemorrhage	7dys
Due To (c) Arteriosclerosis	10yrs
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? no
What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Wallis L. Bursey, M. D.
(Address) 221 High St. Medford Date Mar 15 59

6 Holy Cross Place of Burial or Cremation Malden (City or Town)
DATE OF BURIAL March 17, 1959 19

7 NAME OF FUNERAL DIRECTOR John W. Lane, Jr.
ADDRESS 760 Main St. Winchester

Received and filed MAR 27 1959 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female | 9 COLOR white | 10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) widow

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Thomas W. Berridge
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 90 Years ..... Months ..... Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: At home
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Charlestown
(State or country) Mass.

PARENTS

17 NAME OF FATHER Michael F. O'Neil

18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Mary McElroy

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

21 Informant Mrs. Edward J. McDevitt
(Address) 6 Wyman St. Winchester

A TRUE COPY
ATTEST: [signature]
(Registrar of City or Town where death occurred)

DATE FILED Mar 16, 1959 19

RECEIVED

MAR 27 1959 AM

R-301A

UCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

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Chapter 137, 954, requires s to print or cause or f death on tificates.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 43

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town) Boston 4-7-59

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louise M. Schindhelm
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 42 Barnes Avenue St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 5 days. In place of residence 2 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH (Month) 19 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov, 1958, to MARCH 19, 1959

I last saw her alive on MARCH 18, 1959, death is said to have occurred on the date stated above, at 4:30 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) METASTATIC CARCINOMA OF LUNGS	4 mos
Due To (b) PRIMARY CARCINOMA OF PANCREAS	4 mos
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? No

What test confirmed diagnosis? OPERATION

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Dorothy Cheney Appleton, M. D.

(Address) 197 Woodside Ave Winthrop Mass Date 3/19 1959

Place of Burial or Cremation Holy Cross Cemetery, Malden (City or Town)

DATE OF BURIAL March 21st 1959

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington St., E. Boston

Received and filed MAR 19 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years 3 Months 21 Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation Supervisor
(Kind of work done during most of working life)

14 Industry or Business: Western Union

15 Social Security No. 024-10-6169

16 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

17 NAME OF FATHER John Schindhelm

18 BIRTHPLACE OF FATHER (City) Baltimore
(State or country) Maryland

19 MAIDEN NAME OF MOTHER Mary E. Donahue

20 BIRTHPLACE OF MOTHER (City)
(State or country) Newfoundland

21 Informant Henry J. Schindhelm-Bro.
(Address) 42 Barnes Ave., East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Sullivan M.D.
(Signature of Agent of Board of Health or other)

Health Officer 3/19/59
(Official Designation) (Date of Issue of Permit)

30M-5-56-917573

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

R-301A
Removal
2-25-1960

UCTIONS
FOR
CERTIFICATE

giving
OF DEATH

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054, requires
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death on
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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 41

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Edna aka or Edna M. Riley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 207 Woodside Avenue St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years ___ months 3 days. In place of residence 45 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March (Month) 23 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from October, 1957, to March 23, 1959
I last saw her alive on March 23, 1959 death is said to have occurred on the date stated above, at 9:50 am.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Generalized carcinomatosis	3 mos.
Due To (b) Infiltrating duct carcinoma left breast	1½ yrs.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? no
What test confirmed diagnosis? clinical and laboratory

5 Was disease or injury in any way related to occupation of deceased? ___
If so, specify no

(Signed) [illegible], M. D.
(Address) 73 Bartlett Road Date 3/23/59, 19

6 Winthrop Place of Burial or Cremation — Winthrop Mass (City or Town)
DATE OF BURIAL March 25, 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop, Mass

Received and filed MAR 24 1959, 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F

9 COLOR W

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of ___ (Give maiden name of wife in full)
(or) WIFE of ___ (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 54 Years ___ Months ___ Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Dietitian (Kind of work done during most of working life)

14 Industry or Business: Hospital

15 Social Security No. 022-03-3771

16 BIRTHPLACE (City) East Boston (State or country) Mass

PARENTS

17 NAME OF FATHER John Riley

18 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass

19 MAIDEN NAME OF MOTHER Mary A. Simpson

20 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass

21 Informant James E. Riley
(Address) 207 Woodside Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter C. Sercauski
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/24/59 (Date of Issue of Permit)

V.F.K.

50M-5-56-817573

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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. . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

X

R-301A

UCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each b) and (c)

oes not mean of dying, heart failure, tc. It means , or compli- hich caused

s, if any, ave rise to ause (a), the under- ause last.

ons contrib- eath but not the terminal ndition given

Chapter 137, 954, requires s to print or cause or f death on tificates.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 45

1 PLACE OF DEATH
Suffolk (County)
Winthrop Mass (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Male Parziale
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 37 Orient Ave. East Boston Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months ____ days. In place of residence 5 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 31, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Mar 31, 1959, to ____, 19__
I last saw h__ alive on ____, 19__, death is said to have occurred on the date stated above, at ____ m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Stillborn	—
Due To (b) STILL BORN	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? Yes
What test confirmed diagnosis?
5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Charles Melone, M. D.
(Address) 305 Havre St E Boston Date April 3 1959

6 Place of Burial or Cremation St. Michael Cemetery (City or Town) Boston
DATE OF BURIAL April 4, 1959

7 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed APR 3 1959 19__
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male
9 COLOR white
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) single

10a If married, widowed, or divorced
HUSBAND of ____
(Give maiden name of wife in full)
(or) WIFE of ____
(Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE ____ Years ____ Months ____ Days — If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: none
(Kind of work done during most of working life)

14 Industry or Business: *****

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Winthrop, Mass.

PARENTS
17 NAME OF FATHER Vincent Parziale
18 BIRTHPLACE OF FATHER (City) Boston, (State or country) Mass.
19 MAIDEN NAME OF MOTHER Phyllis Zambella
20 BIRTHPLACE OF MOTHER (City) Bostnn (State or country) Mass.

21 Informant Vincent Parziale (father)
(Address) 37 Orient Ave., East Boston, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph E. Jeremiah
(Signature of Agent of Board of Health or other)
Health Officer 4/3/59
(Official Designation) (Date of Issue of Permit)

X

SOM-5-56-917373

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-305

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(h)-10-48-24658

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Danvers
(City or town making return)

Registered No. 46

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital, Hathorne St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Assunta Maggioli (Pezzolizi
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. (Usual place of abode) No. 40 Wilshire St., Winthrop, Mass. St.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March (Month) 12, (Day) 1959 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Contusion l. forehead-
Arteriosclerotic Heart Disease

5 Accident, suicide, or homicide (specify) Accident
Date and hour of injury 11:45 p.m. 3/7/59 19
Where did Injury occur? Danvers (City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? State Hospital (Specify type of place)
Manner of Injury Fall from bed (How did injury occur?)
Nature of Injury as above
While at work? no Was autopsy performed?

6 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ralph P. McCarthy M.D.
(Address) Peabody, Mass. Date 3/12/59 19

7 Place of Burial, or Cremation Winthrop Cemetery--Winthrop, Mass (City or Town)
DATE OF BURIAL March 16, 1959 19

8 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS East Boston, Mass.

Received and filed APR 14 1959 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female
10 COLOR OR RACE White
11 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

11a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Augustus Maggioli
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 69 Years Months Days
If under 24 hours Hours Minutes

14 Usual Occupation: Housewife
(Kind of work done during most of working life)

15 Industry or Business: unk.

16 Social Security No. unk.

17 BIRTHPLACE (City) unk., Italy
(State or country)

PARENTS

18 NAME OF FATHER 1st name unk.,-Pezzolizi

19 BIRTHPLACE OF FATHER (City) unk.
(State or country) Italy

20 MAIDEN NAME OF MOTHER Anna Alexandrini

21 BIRTHPLACE OF MOTHER (City) Unk.
(State or country) Italy

22 Informant Mary L. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY.
ATTEST: Lionel J. Toomey
(Registrar of City or Town where death occurred)

DATE FILED March 16, 1959 19

RECEIVED

APR 14 1959 AM

X

FORM R-305

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(h)-10-48-24658

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Danvers
(City or town making return)

Registered No. 47

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital, Hathorne St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mizpah C. Smith (Crowe)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 51 Birch Road, Winthrop, Mass. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 9 years 21 months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March (Month) 12, (Day) 1959 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Contusion & Laceration of forehead-Arteriosclerotic Heart Disease

5 Accident, suicide, or homicide (specify) Accident
Date and hour of injury 7:25 a.m. 3/12/59 19
Where did Injury occur? Danvers (City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? State Hospital (Specify type of place)
Manner of Injury Fall to Floor (How did injury occur?)
Nature of Injury As above
While at work? no Was autopsy performed?

6 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ralph P. McCarthy M. D.
(Address) Peabody, Mass Date 3/12/59 19

7 Place of Burial, or Cremation Woodlawn Crematory-Everett, Mass. (City or Town) Tower of Memory-Denver, Colorado
DATE OF BURIAL March 14, 59 19

8 NAME OF FUNERAL DIRECTOR Arthur J. O'Haley
ADDRESS Winthrop, Mass.

Received and filed APR 14 1959 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female
10 COLOR OR RACE White
11 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

11a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 71 Years 11 Months 7 Days
If under 24 hours Hours Minutes

14 Usual Occupation: Housewife (Kind of work done during most of working life)

15 Industry or Business: unk.

16 Social Security No.

17 BIRTHPLACE (City) Greenville, (State or country) Illinois

PARENTS

18 NAME OF FATHER Horace G. Crowe

19 BIRTHPLACE OF FATHER (City) Unk. (State or country) Indiana

20 MAIDEN NAME OF MOTHER Lizzie McCord

21 BIRTHPLACE OF MOTHER (City) Unk. (State or country) Kentucky

22 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY.
ATTEST: Lionel J. Toomey
(Registrar of City or Town where death occurred)

DATE FILED March 23, 1959 19

V.B.V

RECEIVED
APR 14 1959

RM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-8-56-918227

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Revere (City or Town making this return)

Registered No. 48

1 PLACE OF DEATH: Suffolk (County); Revere (City or Town)

No. Grover Manor Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry Joseph Thompson (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 175 Shirley St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months 3 days. In place of residence 45 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March (Month) 30, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 27, 1959 to March 30, 1959, I last saw him alive on March 30, 1959, death is said to have occurred on the date stated above, at 9:50P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1yr.

Due To (b) Arteriosclerotic heart disease — 5yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? yes

What test confirmed diagnosis? Pathology

5 Was disease or injury in any way related to occupation of deceased? ....
If so, specify no

(Signed) James F. Burns, M. D.

(Address) 537 Broadway Everett Date 3/30 1959

6 Winthrop (Place of Burial or Cremation) Winthrop (City or Town)

DATE OF BURIAL April 3, 1959

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed APR 1 1959 19....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male

9 COLOR: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced HUSBAND of Loretta Small (Give maiden name of wife in full)

(or) WIFE of .... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years 6 Months 17 Days — If under 24 hours ....Hours....Minutes

13 Usual Occupation: Clerk (Kind of work done during most of working life)

14 Industry or Business: Steamship Co.

15 Social Security No. 022-03-0548

16 BIRTHPLACE (City) Cambridge (State or country) Mass.

PARENTS

17 NAME OF FATHER Joseph Thompson

18 BIRTHPLACE OF FATHER (City) Mt. Vernon (State or country) New York

19 MAIDEN NAME OF MOTHER Ellen Cullinan

20 BIRTHPLACE OF MOTHER (City) .... (State or country) Ireland

21 Informant Loretta Thompson (Address) 175 Shirley St., Winthrop

A TRUE COPY ATTEST: [signature] (Registrar of City or Town where death occurred)

DATE FILED April 1 1959

V.B.

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP
APR 13 1959 AM

402

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

New Bedford
(City or Town making this return)

Registered No. 49

1 PLACE OF DEATH
Bristol (County)
New Bedford (City or Town)
No. St. Luke's Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Julia O'Connor (Sheerin)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 470 Winthrop St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months 7 days. In place of residence 61 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 8, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Apr. 6, 1959, to Apr. 8, 1959, I last saw her alive on Apr. 8, 1959 death is said to have occurred on the date stated above, at 3.45 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute myocardial infarction

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

INTERVAL BETWEEN ONSET AND DEATH: 15 hrs

Was autopsy performed? yes
What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) John U. Gardner, M. D.
(Address) New Bedford Date 4-8-59, 19

6 Place of Burial or Cremation: Holy Cross Cemetery, Malden, Mass. (City or Town)
DATE OF BURIAL Apr. 11, 1959, 19

7 NAME OF FUNERAL DIRECTOR O'Malley Funeral Home
ADDRESS Winthrop, Mass.

Received and filed MAY 7 1959, 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: F
9 COLOR: W
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Francis P. O'Connor
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years - Months - Days. If under 24 hours ....Hours....Minutes

13 Usual Occupation: Housework
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Winthrop, Mass.

PARENTS

17 NAME OF FATHER Thomas Sheerin

18 BIRTHPLACE OF FATHER (City) (State or country) Ireland

19 MAIDEN NAME OF MOTHER Julia ----

20 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

21 Informant Rita Mattos
(Address) 564 Union st.

A TRUE COPY
ATTEST: Charles W. Deary
(Registrar of City or Town where death occurred)

DATE FILED Apr. 10, 1959, 19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M.11-55.916145

1 R-302

M.S.

V.B.V.

RECEIVED

MAY 7 1959 AM

R-301A

UCTIONS
FOR
CERTIFICATE

giving
OF DEATH

ot enter
than one
for each
b) and (c)

oes not mean
of dying,
heart failure,
tc. It means
, or compli-
which caused

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ve rise to
ause (a),
the under-
ause last.

ons contrib-
eath but not
the terminal
dition given

Chapter 137,
954, requires
s to print or
cause or
death on
ificates.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 50

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Buono, Baby Boy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 258 E. Eagle St., St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April (Month) 3 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19..., death is said to have occurred on the date stated above, at ..... m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Prolapsed Cord

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

INTERVAL BETWEEN ONSET AND DEATH

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Charles Valerio, M. D.

(Address) 241 Main St., Date 4-3-59 19...

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 7, 1959 19...

7 NAME OF FUNERAL DIRECTOR Vincent Rapino

ADDRESS Chelsea St., E. Boston Mass.

Received and filed APR 7 1959 19...

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here. Still Born

12 AGE ..... Years ..... Months ..... Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: .....
(Kind of work done during most of working life)

14 Industry or Business: .....

15 Social Security No. .....

16 BIRTHPLACE (City) Winthrop
(State or country) Mass. Suffolk

PARENTS

17 NAME OF FATHER Buono, Gerald

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass. Suffolk

19 MAIDEN NAME OF MOTHER Fusi, Janice

20 BIRTHPLACE OF MOTHER (City) Winthrop
(State or country) Mass. Suffolk

21 Informant Buono, Gerald
(Address) 258 E. Eagle St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Lorenzo M.D.
(Signature of Agent of Board of Health or other)

Health Officer 4/7/59
(Official Designation) (Date of Issue of Permit)

50M-5-56-917573

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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R-301A

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FOR
CERTIFICATE

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OF DEATH

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 51

PLACE OF DEATH

1 Suffolk (County)
Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Guy Hatch -- Guy Phineas Hatch
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 30 Pleasant Park Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 27 hours after admission years months days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April (Month) 8 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 21, 1955, to April 8, 1959
I last saw him alive on April 8, 1959, death is said to have occurred on the date stated above, at 2:45 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Massive Cerebral Hemorrhage	27 Hrs.
Due To (b) Arteriosclerosis	5 Yrs.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? No
What test confirmed diagnosis?
5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Dorothy Cheney Appleton, M. D.
(Address) 197 Woodside Ave Winthrop, Mass. Date April 8 1959

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL April 10, 1959 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed APR 9 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 10 Months 19 Days
If under 24 hours Hours Minutes

13 Usual Occupation: retired engineer
(Kind of work done during most of working life)

14 Industry or Business: Boston, Lynn & Revere, ~~N.~~ G.R.R.
Revere Beach Lynn

15 Social Security No. 023-10-6820-A

16 BIRTHPLACE (City) Charlestown
(State or country) New Hampshire

PARENTS

17 NAME OF FATHER John Hatch

18 BIRTHPLACE OF FATHER (City) Charlestown
(State or country) New Hampshire

19 MAIDEN NAME OF MOTHER Edna Elizabeth Smith

20 BIRTHPLACE OF MOTHER (City) Charlestown
(State or country) New Hampshire

21 Informant Mrs. Lulu B. Nott
(Address) 30 Pleasant Park Road

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Sweanor
(Signature of Agent of Board of Health or other)
Health Officer 4/9/59
(Official Designation) (Date of Issue of Permit)

V.B.V

50M-5-56-917573

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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RUCTIONS FOR L CERTIFICATE

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100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 52

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Comm. Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur W. Jones (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 105 Grovers Ave. Winthrop, Mass St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 58 days. In place of residence 21 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Apr. (Month) 8, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1959 to Apr. 8, 1959

I last saw him alive on Apr. 8, 1959, death is said to have occurred on the date stated above, at 12.40 P m.

	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute myocardial infarction	2 mons
ANTECEDENT CAUSES Due To (b) Arteriosclerotic & Hypertensive heart disease	2 yrs
Due To (c) Generalized arteriosclerosis	3 yrs.
OTHER SIGNIFICANT CONDITIONS Bronchopneumonia	2 wks

Major findings: Of operations .....

Date of operation 0 Was autopsy performed? 0

What test confirmed diagnosis? Clinical & Laboratory

5 Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. Traunstein Jr. M. D.

(Address) ..... Date 4-8-59 19

6 Place of Burial or Cremation: Winthrop Cemetery (City or Town) Winthrop

DATE OF BURIAL April 10, 1959 19

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS 18 Winthrop St. Winthrop

Received and filed APR 13 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

10a If married, widowed, or divorced HUSBAND of Marjorie R. Wilson (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 1 Months 13 Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Salesman (Kind of work done during most of working life)

14 Industry or Business: Shoe Store Supplies

15 Social Security No. 024-03-9753

16 BIRTHPLACE (City) North Adams (State or country) Mass.

PARENTS

17 NAME OF FATHER Joseph Jones

18 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country) England

19 MAIDEN NAME OF MOTHER Mary Iles

20 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country) England

21 Informant Mrs Marjorie Jones (Address) 105 Grovers Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Allen C. Lukeman (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/10/59 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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R-301A

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Chapter 137,
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50M-11-56-918978

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 53

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Mayflower Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert T. Jeffers
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 1059 Saratoga St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 4 years 9 months — days. In place of residence ... years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April (Month) 10 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 3, 1959, to April 10, 1959
I last saw him alive on April 10, 1959, death is said to have occurred on the date stated above, at 6:30 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Coronary Occlusion	2 days
Due To (b) Coronary Artery Heart Disease.	6 mos.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Rheumatoid Arthritis	20 yrs

Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles Lieberman M. D.
(Address) Winthrop, Mass Date April 10 1959

6 Place of Burial or Cremation Holy Cross (City or Town) Malden
DATE OF BURIAL April 13 1959

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS East Boston

Received and filed APR 13 1959 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male
9 COLOR white
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 52 Years ... Months ... Days
If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Time Keeper (Ret.)
(Kind of work done during most of working life)

14 Industry or Business: Shipbuilding Retired SHIPFITTER

15 Social Security No. cnbl.

16 BIRTHPLACE (City) East Boston
(State or country) Mass.

PARENTS
17 NAME OF FATHER Robert Jeffers
18 BIRTHPLACE OF FATHER (City) St. John's
(State or country) New Brunswick
19 MAIDEN NAME OF MOTHER Minnie Ford
20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

21 Informant Jasper Jeffers
(Address) 63 Falcon St East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph E. Sereani
(Signature of Agent of Board of Health or other)
(Official Designation) April 12, 1959 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfill nent of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

1 R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

oes not mean of dying, heart failure, tc. It means e, or compli- which caused

ns, if any, ave rise to cause (a), the under- cause last.

ions contrib- death but not the terminal ndition given

Chapter 137, 954, requires s to print or cause or death on ificates.

X

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 51

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 28 James Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fred Striebeck
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) Spanish American

(a) Residence. No. 28 James Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 58 years ___ months ___ days. In place of residence 58 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April (Month) 11 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ——, 19—, to ——, 19—

I last saw h— alive on ——, 19—, death is said to have occurred on the date stated above, at 11:30 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE — INTERVAL BETWEEN ONSET AND DEATH

(a) Natural Causes

Due To (b) Coronary Occlusion — sudden

Due To (c) Arteriosclerotic Heart Disease — years

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Arthur C. Murray M. D.

(Address) Winthrop Board of Health Date 11 April 1959

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 14, 1959 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed APR 14 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: male

9 COLOR: white

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

10a If married, widowed, or divorced
HUSBAND of Mary Campbell
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years 6 Months 30 Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation retired Office Manager
(Kind of work done during most of working life)

14 Industry or Business: Armour & Co.

15 Social Security No. none

16 BIRTHPLACE (City) New York City
(State or country) New York

PARENTS

17 NAME OF FATHER Gustave Striebeck

18 BIRTHPLACE OF FATHER (City)
(State or country) Germany

19 MAIDEN NAME OF MOTHER Natalia ~~Natharta~~ ? Schnoore

20 BIRTHPLACE OF MOTHER (City)
(State or country) Russia

21 Informant Mrs. Ralph E. Poor
(Address) 14 Wadsworth Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Ralph C. Sherman

(Official Designation) Health Officer (Date of Issue of Permit) 4/14/59

50M-11-56-918978

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and ninetcen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION Enlisted N.Y.C. - S/L TREVAKOFF

DATE OF ENTERING MILITARY SERVICE April 13, 1898

DATE OF DISCHARGE " 12, 1901

RANK, RATING R.T.

ORGANIZATION AND OUTFIT 89th Coast Art

SERVICE NUMBER C-2317783

R-301A

UCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each b) and (c)

oes not mean of dying, heart failure, tc. It means or compli- hich caused

ss, if any, ive rise to ause (a), the under- ause last.

ons contrib- eath but not the terminal dition given

Chapter 137, 954, requires s to print or cause or death on ificates.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 55

PLACE OF DEATH

1 Suffolk (County)
Winthrop Mass (City or Town)

Boston 5

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stanley Malvarosa
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 20 Fleet Street St. Boston Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years ___ months 7 days. In place of residence ___ years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April (Month) 13 - (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug., 1958, to April 13, 1959
I last saw him alive on April 13, 1959 death is said to have occurred on the date stated above, at 4.9. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Acute congestive heart failure	5 days
Due To (b) Arteriosclerotic heart disease	1 year
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? no
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Charles Meloni, M. D.
(Address) 305 Haven St Boston Date April 13 1959

6 St Michael Cemetery Boston, Mass
Place of Burial or Cremation (City or Town)
DATE OF BURIAL April 17 1959 19

7 NAME OF FUNERAL DIRECTOR Ciro Cincotti
ADDRESS 3 North Sq Boston, Mass

Received and filed APR 16 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Marr

10a If married, widowed, or divorced HUSBAND of Dora Romano
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years 6 Months ___ Days
If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Florist
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 033-26-5912

16 BIRTHPLACE (City) (State or country) Italy

PARENTS

17 NAME OF FATHER Michelangelo Malvarosa

18 BIRTHPLACE OF FATHER (City) (State or country) Italy

19 MAIDEN NAME OF MOTHER Nunziata Angrisano

20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant ~~Wife~~ Dora Malvarosa
(Address) 20 Fleet St Boston, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Sircanni Jr.
(Signature of Agent of Board of Health or other)
Health Officer 4/16/59
(Official Designation) (Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

I R-301A

INSTRUCTIONS FOR CERTIFICATE giving OF DEATH

ot enter than one for each (b) and (c)

oes not mean of dying, heart failure, etc. It means e, or compli- which caused

s, if any, ave rise to ause (a), the under- ause last.

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Chapter 137, 954, requires s to print or cause or death on ificates.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 56

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 51 Ingleside Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Amelia Mary Louisa Jenkins (Swift)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No.

(a) Residence. No. 51 Ingleside Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months 50 days. In place of residence 50 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April (Month) 18 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov 22, 1957, to April 18, 1959
I last saw her alive on April 17, 1959, death is said to have occurred on the date stated above, at 9:45 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Congestive Heart Failure	2 days
Due To (b) Arteriosclerotic Heart Disease	10 yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Pulmonary Fibrosis	2 yrs

Was autopsy performed? No
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Dorothy Cheney Appleton, M. D.
(Address) 197 Woodside Avenue Winthrop, Mass Date 4/20 1959

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 21, 1959 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed APR 27 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female | 9 COLOR white | 10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Gerald Jenkins
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years 5 Months 17 Days | If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: housework
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) West Derby
(State or country) Lancashire Co. England

PARENTS

17 NAME OF FATHER Thomas Swift

18 BIRTHPLACE OF FATHER (City)
(State or country) England

19 MAIDEN NAME OF MOTHER Mary Anne Lowe

20 BIRTHPLACE OF MOTHER (City)
(State or country) England

21 Informant George H. Jenkins
(Address) 51 Ingleside Avenue

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Fernandes
(Signature of Agent of Board of Health or other)
Health Officer 4/21/59
(Official Designation) (Date of Issue of Permit)

V. B.

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting asphyxia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

I R-301A

SUCTIONS FOR CERTIFICATE giving OF DEATH

ot enter than one for each b) and (c)

oes not mean of dying, heart failure, tc. It means , or compli- which caused

s, if any, ave rise to cause (a), the under- ause last.

ons contrib- eath but not the terminal ndition given

Chapter 137, 954, requires s to print or cause or f death on tificates.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 57

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)

No. 41 Pleasant Park Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Roberts McLean
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 41 Pleasant Park Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years months days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April (Month) 18 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ——, 19—, to ——, 19—
I last saw h— alive on ——, 19—, death is said to have occurred on the date stated above, at 10:00 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes — INTERVAL BETWEEN ONSET AND DEATH

Due To (b) Presumably Coronary Occlusion — Sudden

Due To (c) Arteriosclerotic Heart Disease — 10 years

OTHER SIGNIFICANT CONDITIONS None

Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Arthur C. O'Murray, M. D.
(Address) Winthrop Board of Health Date 20 April 1959

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL April 21 1959

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds
ADDRESS Winthrop Mass.

Received and filed APR 21 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Isabella Young
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 2 Months 7 Days — If under 24 hours Hours Minutes

13 Usual Occupation: Machinist Retired
(Kind of work done during most of working life)

14 Industry or Business: Railroad

15 Social Security No. 023-07-1603

16 BIRTHPLACE (City) (State or country) England

PARENTS

17 NAME OF FATHER Daniel McLean

18 BIRTHPLACE OF FATHER (City) Unable to obtain Dumfries
(State or country) Scotland

19 MAIDEN NAME OF MOTHER Margaret McEwan

20 BIRTHPLACE OF MOTHER (City) Unable to obtain Dumfries
(State or country) Scotland

21 Informant Isabella McLean
(Address) 41 Pleasant Park Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Sussman
(Signature of Agent of Board of Health or other)
Health Officer 4/21/59
(Official Designation) (Date of Issue of Permit)

V.E. ✓

50M-5-56-917573

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

R-301A

UCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each b) and (c)

oes not mean of dying, heart failure, tc. It means or compli- which caused

s, if any, ve rise to ause (a), the under- ause last.

ons contrib- eath but not the terminal dition given

Chapter 137, 54, requires s to print or cause or death on ificates.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 58

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 80 Winthrop Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gertrude Viola (Hill) Sawyer
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 80 Winthrop Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 20 years ___ months ___ days. In place of residence 20 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April (Month) 19 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from October, 1955, to April, 1959

I last saw her alive on April 18, 1959, death is said to have occurred on the date stated above, at 3 p. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) generalized carcinomatosis	8 mos.
Due To (b) Carcinoma of the right breast	3 yrs.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? no

What test confirmed diagnosis? Clinical & laboratory

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) M. Traugstein, Jr., M. D.

(Address) 73 Bartlett Rd. Winthrop 52, Mass. Date April 21, 1959

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 23, 1959 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed APR 2 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: female

9 COLOR: white

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of George Harold Sawyer
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years 7 Months 18 Days | If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Worcester
(State or country) Mass.

PARENTS

17 NAME OF FATHER Frederick E. Hill

18 BIRTHPLACE OF FATHER (City) Framingham
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Adelaide Minckler

20 BIRTHPLACE OF MOTHER (City) Grand Isle
(State or country) Vermont

21 Informant George H. Sawyer
(Address) 80 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Sullivan M.D.
(Signature of Agent of Board of Health or other)

Health Officer 4/22/59
(Official Designation) (Date of Issue of Permit)

50M-1-58-921876

VAV

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

R-301A

UCTIONS
OR
CERTIFICATE

giving
OF DEATH

t enter
than one
for each
b) and (c)

oes not mean
of dying,
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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 59

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. WINTHROP COMMUNITY HOSP. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MINNIE LOURIE
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 75 SAGAMORE AVE St. WINTHROP
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ~~35~~ years months 1 days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April (Month) 20 (Day) 1959 (Year)

4 I HEREBY CERTIFY That I attended deceased from August, 1957 to April 20, 1959
I last saw he alive on April 20, 1959, death is said to have occurred on the date stated above, at 4:15 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Coronary Occlusion	7 Days
Due To (b) Hypertensive - Cardio-Vascular Disease.	2 yrs.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS None.	

Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles Liberman M. D.
(Address) Winthrop, Mass Date 4/20/1959

6 TEFERETH ISRAEL FEFERETS (City or Town)
Place of Burial or Cremation
DATE OF BURIAL Apr 21 1959

7 NAME OF FUNERAL DIRECTOR Arnold Galang
ADDRESS 1468 Beacon St Brookline

Received and filed APR 2 - 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F
9 COLOR W
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) SINGLE

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years 0 Months 3 Days
If under 24 hours Hours Minutes

13 Usual Occupation: BOOKKEEPER
(Kind of work done during most of working life)

14 Industry or Business SUPPLY CLOTHING CO. BOSTON

15 Social Security No.

16 BIRTHPLACE (City) BOSTON, MASS.
(State or country)

PARENTS

17 NAME OF FATHER MOSES M. LOURIE

18 BIRTHPLACE OF FATHER (City) RUSSIA
(State or country)

19 MAIDEN NAME OF MOTHER CHESNA BAUD

20 BIRTHPLACE OF MOTHER (City) RUSSIA
(State or country)

21 Informant SARAH LAURIE
(Address) 75 SAGAMORE AVE WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Sherman M.D.
(Signature of Agent of Board of Health or other)
Health Officer 4/20/59
(Official Designation) (Date of Issue of Permit)

V.B. V

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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R-301A

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FOR
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50M-1-58-921876

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 60

PLACE OF DEATH

1 Suffolk (County) — Boston 59-4-59
Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ~~Primat~~ Premature male Boundy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 15 Marion St St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..years..months..days. In place of residence ..years..months..days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April (Month) 20 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 20, 1959, to April 20, 1959. I last saw him alive on April 20, 1959, death is said to have occurred on the date stated above, at 6:15 P m.

INTERVAL BETWEEN ONSET AND DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Prematurity
born 4:18 Am Birth weight 2 lbs 8 oz.

Due To
(b)

Due To
(c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? Yes
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) A. Paul Dan Hagopian, M. D.
(Address) 29 Cary Av. Chelsea Date April 21 1959

6 Mt Auburn Cemetery Boston
Place of Burial or Cremation (City or Town)
DATE OF BURIAL April 24, 1959

7 NAME OF FUNERAL DIRECTOR Aiza Cimiotta
ADDRESS 3 No. St. Boston Mass

Received and filed APR 23 1959 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M

9 COLOR W

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE ..Years..Months..Days — If under 24 hours 14 Hours 0 Minutes

13 Usual Occupation:
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country)

PARENTS

17 NAME OF FATHER Guy Boundy

18 BIRTHPLACE OF FATHER (City) Waterville Maine
(State or country)

19 MAIDEN NAME OF MOTHER Mary Spenayola

20 BIRTHPLACE OF MOTHER (City) Boston Mass
(State or country)

21 Informant Guy Boundy
(Address) 15 Marion St East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Lirsanne
(Signature of Agent of Board of Health or other)

MD
(Official Designation)

April 23 1959
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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APR 2 3 1959 AM

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

R-301A

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 61

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 25 Perkins Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mr. Charles Fishel
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so, specify WAR) None

(a) Residence. (Usual place of abode) No. 25 Perkins Street St. Winthrop, Mass. (If nonresident, give city or town and State)

Length of stay: In place of death 44 years ... months ... days. In place of residence 44 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 22, 1959 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1951, to APR. 22, 1959

I last saw HIM alive on APRIL 22, 1959, death is said to have occurred on the date stated above, at 11 55P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) CORONARY OCCLUSION	1/2 HR.
Due To (b) GENERAL ARTERIOSCLEROSIS + HYPERTENSIVE HEART DISEASE	4 YRS.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS RHEUMATOID ARTHRITIS	10 YRS
CHRONIC CHOLECYSTITIS	2 YRS.

Was autopsy performed? No
What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Myron H. King, M. D.
(Address) 222 PLEASANT ST WINTHROP Date APRIL 23 1959

6 Place of Burial or Cremation Forest Hills Crematory, Boston (City or Town)
DATE OF BURIAL April 25, 1959 19

7 NAME OF FUNERAL DIRECTOR J.S. Waterman
ADDRESS Boston, Mass.

Received and filed APR 28 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of Sarah Fish (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 89 Years 1 Months 5 Days — If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Salesman (retired) (Kind of work done during most of working life)

14 Industry or Business: Mason & Snow

15 Social Security No. 032-05-7684

16 BIRTHPLACE (City) Boston, Mass. (State or country)

PARENTS

17 NAME OF FATHER Jacob Fishel

18 BIRTHPLACE OF FATHER (City) (State or country) Poland

19 MAIDEN NAME OF MOTHER Rosa cannot be learned

20 BIRTHPLACE OF MOTHER (City) (State or country) Poland

21 Informant Mrs. Sarah Fishel
(Address) 25 Perkins St. Winthrop, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Sirianni
(Signature of Agent of Board of Health or other)

H.O.
(Official Designation)

April 23/59
(Date of Issue of Permit)

50M-11-56-91897a

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EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 62

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 55 Wave Way ~~Avenue~~ St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME SIMON KUMINS
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 55 Wave Way ~~Avenue~~ St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 4 years ___ months ___ days. In place of residence 4 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 23, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb, 1958, to ~~March~~ APRIL 23, 1959
I last saw him alive on ~~March~~ APRIL 22, 1959, death is said to have occurred on the date stated above, at 1:05 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Myocardial Heart Disease	yrs
Due To (b) arteriosclerosis generalized	yrs
Due To (c) Senility	yrs.
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph Gregoire, M. D.
(Address) 194 Wash. Ave, Winthrop Date 4/24/59

6 Place of Burial or Cremation Tifereth Israel of Winthrop-Everett (City or Town)
DATE OF BURIAL April 26, 1959

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach
ADDRESS 10 Washington St., Dorchester

Received and filed APR 24 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced HUSBAND of Fannie Sherman
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years ___ Months ___ Days. If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Shoe Worker
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. 022-09-4576

16 BIRTHPLACE (City) (State or country) Russia

PARENTS

17 NAME OF FATHER Benjamin Kumins

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Cannot be learned

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant Albert Kumins
(Address) 31 Hawthorne Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Turcotte
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

4/24/59
(Date of Issue of Permit)

50M-11-56-919978

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury;

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

APR 22 1959 AM

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

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P. 114 §§ 45,
AP. 38 § 6.)

-58-923888

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 63

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Mount Convalegent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mollie Ladinsky
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 15 Grovers Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months 21 days. In place of residence 23 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April (Month) 29 (Day), 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from October, 1955, to April 29, 1955
I last saw her alive on April 29, 1959, death is said to have occurred on the date stated above, at 12:05 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Due To (b) (Medical examiner notified because of fracture of hip He concurred in diagnosis and declined jurisdiction) C.L.

Due To (c)

OTHER SIGNIFICANT CONDITIONS Fracture Left Hip — 6 wks.

Was autopsy performed? No
What test confirmed diagnosis Clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Charles Liberman, M. D.
(Address) Winthrop, Mass Date 4/30/1959

6 Roxbury Lodge West Roxbury
Place of Burial or Cremation (City or Town)
DATE OF BURIAL May 1 1959

7 NAME OF FUNERAL DIRECTOR TORF Funeral Service Inc
ADDRESS Washington Ave Chelsea

Received and filed MAY 1 - 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Fem
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of ISAAC Ladinsky
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 98 Years ____ Months ____ Days — If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) (State or country) Russia

PARENTS
17 NAME OF FATHER Joseph Rudinsky
18 BIRTHPLACE OF FATHER (City) (State or country) Russia
19 MAIDEN NAME OF MOTHER C.B.S.
20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant Harold Ladd
(Address) 46 Ralph Rd Swampscott

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph E. Freeman
(Signature of Agent of Board of Health or other)
Health Officer 4/30/59
(Official Designation) (Date of Issue of Permit)

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

MAY 1 1959

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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JUL 2 1959

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN

64

To be filed for burial permit with Board of Health or its Agent

Registered No. 11032

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON (City or Town)

BAKER MEMORIAL MASSACHUSETTS GENERAL HOSPITAL

No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stephen J. Connors
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 44 Quincy Ave. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months ____ days. In place of residence ____ years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January (Month) 30 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from January 21, 1959 to January 30, 1959

I last saw him alive on January 30, 1959, death is said to have occurred on the date stated above, at 10:00 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PULMONARY EDEMA — INTERVAL BETWEEN ONSET AND DEATH 2 HRS.

Due To (b) ARTERIOSCLEROTIC HEART DISEASE — 2. YRS.

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) C. L. Clay, M. D.

(Address) Asst. Dir. Mass. Gen'l Hosp. Date 1-30-59

6 Place of Burial or Cremation Winthrop (City or Town) Winthrop

DATE OF BURIAL February 3 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop Mass

Received and filed FEB - 3 1959 19

Charles H. Mackie (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of Esther J. Terrile
(Give maiden name of wife in full)

(or) WIFE of ____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years ____ Months ____ Days — If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: Insurance Agent
(Kind of work done during most of working life)

14 Industry or Business: Insurance

15 Social Security No. 025-03-4150

16 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

17 NAME OF FATHER Alphonso Connors

18 BIRTHPLACE OF FATHER (City) ____
(State or country) Miquelon

19 MAIDEN NAME OF MOTHER Harriet Reddick

20 BIRTHPLACE OF MOTHER (City) ____
(State or country) Newfoundland

21 Informant Esther J. Connors
(Address) 44 Quincy Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

A. Marian E 16844
(Signature of Agent of Board of Health or other)

(Official Designation) Feb. 1, 59 (Date of Issue of Permit)

Removed old book

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

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JUN 2 1959 AM

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OUT - OF - TOWN

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 011264

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON (City or Town)

MASSACHUSETTS GENERAL HOSPITAL No. _____ St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARGARET MITCHELL
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 24 ELLIOT STREET St. WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months ____ days. In place of residence 29 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEBRUARY (Month) 5 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1959 (6:10P) to Feb. 5, 1959 and last saw he alive on Feb. 5, 1959 or death is said to have occurred on the date stated above, at 8:26A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Cerebral thrombosis	30 hrs
Due To (b) Cerebral arteriosclerosis	Unkn.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) Chilay, M. D.
(Address) Asst. Dir. Mass. Gen'l Hosp. Date 2/5/ 1959

6 Calvary Cemetery Place of Burial or Cremation Waltham (City or Town)
DATE OF BURIAL Feb. 7, 59 19

7 NAME OF FUNERAL DIRECTOR Maurice W Kirby
ADDRESS 210 Winthrop St. Winthrop

Received and filed FEB - 9 1959 19
Charles H. Mitchell Registrar

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of ____ (Give maiden name of wife in full)
(or) WIFE of ____ (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years ____ Months ____ Days — If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: Clerical (Kind of work done during most of working life)

14 Industry or Business: Stationary

15 Social Security No. Unknown

16 BIRTHPLACE (City) Waltham (State or country)

PARENTS

17 NAME OF FATHER Thomas D,Mitchell

18 BIRTHPLACE OF FATHER (City) Ireland (State or country)

19 MAIDEN NAME OF MOTHER Mary Donahue

20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

21 Informant Richard F Mitchell
(Address) 24 Elliot St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

1296 (Official Designation) 2-6-59 (Date of Issue of Permit)

50M-1-58-921876

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A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN 66

To be filed for burial permit with Board of Health or its Agent.

Registered No. 01418

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON (City or Town)

MASSACHUSETTS GENERAL HOSPITAL

No. _____ St. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MAURICE KIRBY, JR.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 100 QUINCY AVENUE St. WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months ____ days. In place of residence ____ years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEBRUARY (Month) 9 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 9, (4:15P) 19__ to Feb. 9, 1959, I last saw him alive on Feb. 9, 1959, death is said to have occurred on the date stated above, at 8:P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary Anectasis — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

Due To (b) Prematurity (2220 grams) — 7 month

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? yes
What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C. L. Clay, M. D.
(Address) Asst. Dir. Mass. Gen'l Hosp. Date 2/10/ 1959

6 Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL Feb 11 1959

7 NAME OF FUNERAL DIRECTOR Maurice H. Kirby
ADDRESS 210 Winthrop St.

Received and filed FEB 12 1959
Miles H. Mackie (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M

9 COLOR W

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

10a If married, widowed, or divorced
HUSBAND of _____ (Give maiden name of wife in full)
(or) WIFE of _____ (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE ____ Years ____ Months ____ Days — If under 24 hours 5 Hours ____ Minutes

13 Usual Occupation: _____ (Kind of work done during most of working life)

14 Industry or Business: _____

15 Social Security No. _____

16 BIRTHPLACE (City) Winthrop Cass. Hosp. (State or country)

PARENTS

17 NAME OF FATHER Maurice H. Kirby

18 BIRTHPLACE OF FATHER (City) Winthrop Mass. (State or country)

19 MAIDEN NAME OF MOTHER Pauline Morin

20 BIRTHPLACE OF MOTHER (City) Weymouth Mass (State or country)

21 Informant Maurice H. Kirby
(Address) 100 Quincy Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
O. A. Bournoyer
(Signature of Agent of Board of Health or other)

1356 (Official Designation) 2-10-59 (Date of Issue of Permit)

2 6 1959

1-56-921876

A TRUE COPY. ATTEST:

Charles H. Mackie

City Registrar

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TOWN CLERK
WINTHROP, MASS.

JUN 2 1959 AM

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2 1959

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN 67

To be filed for burial permit with Board of Health or its Agent.

Registered No. 11441

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON (City or Town)

MASSACHUSETTS GENERAL HOSPITAL

No. _____ St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ~~XXXXXXXXXX~~ John F Collins
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 260 MAIN STREET St. WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years 1 months ___ days. In place of residence 22 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEBRUARY (Month) 10 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1959 to Feb. 10, 1959

I last saw him alive on Feb. 10, 1959, death is said to have occurred on the date stated above, at 2:10P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Myocardial infarct, recent	2 dys
Due To (b) Coronary thrombosis, recent	2 dys
Due To (c) Coronary artery disease, severe	Unkn. yrs.
OTHER SIGNIFICANT CONDITIONS Status post-op. gastrectomy for anastomotic ulcer	11 dys

Was autopsy performed? Yes
What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C. L. Clay, M. D.
(Address) Asst. Dir. Mass. Gen'l Hosp. Date 2/11/1959

6 Place of Burial or Cremation Holy Cross Malden (City or Town)
DATE OF BURIAL February 13 1959

7 NAME OF FUNERAL DIRECTOR Rochard C Kirby
ADDRESS 917 Bennington St E Boston

Received and filed FEB 13 1959
Charles H. Mackie (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male

9 COLOR white

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) married

10a If married, widowed, or divorced HUSBAND of Mildred E Herbert (Give maiden name of wife in full)
(or) WIFE of _____ (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years 4 Months 20 Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Plant man (retired) (Kind of work done during most of working life)

14 Industry or Business: Esso Standard Oil Co

15 Social Security No. 012-09-1745

16 BIRTHPLACE (City) East Boston (State or country) Massachusetts

PARENTS

17 NAME OF FATHER Patrick Collins

18 BIRTHPLACE OF FATHER (City) CBL (State or country) Ireland

19 MAIDEN NAME OF MOTHER Margaret Griffin

20 BIRTHPLACE OF MOTHER (City) Nova Scotia (State or country) Canada

21 Informant Mrs Mildred E Collins wife
(Address) 260 Main St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

1365 (Official Designation) 2-11-59 (Date of Issue of Permit)

M-1-58-921876

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED

JUN 2 1959 AM

RM R-301A

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HAP. 114 § 45,
CHAP. 381 6.)
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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

CITY - OF - TOWN 68

To be filed for burial permit with Board of Health or its Agent.

Registered No. 1484

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. BOSTON CITY HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Chester O'Donnell
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) WW#1

(a) Residence. No. 116 Huntington Avenue Boston, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years ___ months ___ days. In place of residence 2 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 11, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, ~~XXXXXXXXXXXXXXXX~~ was a patient ~~XXXXXXXXXXXXXXXX~~ Feb. 10, 1959, to February 11, 1959

I ~~last saw him alive on~~ ___ 19__, death is said to have occurred on the date stated above, at 9:15 PM.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: hrs to days.

Due To (b) Hypertensive Heart Disease — mos.

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? yes
What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? ___
If so, specify ___

(Signed) Winthrop O'Donnell, M. D.
(Address) BOSTON CITY HOSPITAL Date 2-12-59, 19__

6 Place of Burial or Cremation Winthrop (City or Town) Winthrop Mass
DATE OF BURIAL February 14, 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed FEB 17 1959, 19__
Charles H. Mackie (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR: White
10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of Elizabeth Bergin
(Give maiden name of wife in full)
(or) WIFE of ___
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years ___ Months ___ Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Custodian
(Kind of work done during most of working life)

14 Industry or Business: Buildings

15 Social Security No. 012-09-0159

16 BIRTHPLACE (City) Providence
(State or country) Rhode Island

PARENTS

17 NAME OF FATHER Bernard O'Donnell

18 BIRTHPLACE OF FATHER (City) ___
(State or country) Rhode Island

19 MAIDEN NAME OF MOTHER Annie T. Gleason

20 BIRTHPLACE OF MOTHER (City) Providence
(State or country) Rhode Island

21 Informant Elizabeth O'Donnell
(Address) 23 Baker Road Everett Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
A C Cavanagh
(Signature of Agent of Board of Health or other)
1412 (Official Designation) 2-13-59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED

JUN 2 1959 AM

69

OUT - OF - TOWN

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 01725

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. FAULKNER HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME EDWARD ARMSTRONG THOMAS
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 143 COURT RD., WINTHROP, MASS. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years 2 months ____ days. In place of residence 53 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEBRUARY 18 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 3 Feb, 1959, to Feb 17, 1959
I last saw him alive on Feb 17, 1959, death is said to have occurred on the date stated above, at 6:15 AM

DEATH WAS CAUSED BY: IMMEDIATE CAUSE — INTERVAL BETWEEN ONSET AND DEATH

(a) Pneumonia — 1 week

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS: Bleeding + obstructed Gastric Ulcer — 2½ mos.

Was autopsy performed? No.
What test confirmed diagnosis? Clinical observation

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) John R Graham, M. D.
(Address) FAULKNER HOSP. Date 18 Feb 1959

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL February 20 1959

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed FEB 26 1959
Charles H. Mackie (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: male
9 COLOR: white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

10a If married, widowed, or divorced
HUSBAND of Esther Elizabeth Kitson (Give maiden name of wife in full)
(or) WIFE of ____ (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 9 Months 7 Days — If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: retired Lawyer (Kind of work done during most of working life)

14 Industry or Business: self employed

15 Social Security No. 22-12-0619

16 BIRTHPLACE (City) Great Village (State or country) Nova Scotia

PARENTS
17 NAME OF FATHER Richard Thomas
18 BIRTHPLACE OF FATHER (City) ____ (State or country) Nova Scotia
19 MAIDEN NAME OF MOTHER Eliza Hill
20 BIRTHPLACE OF MOTHER (City) ____ (State or country) Nova Scotia

21 Informant Miss Barbara E. Thomas
(Address) 143 Court Road Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
R. Hogerton
(Signature of Agent of Board of Health or other)
1503 (Official Designation) 2-20-59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 02083

PLACE OF DEATH

1 SUFFOLK (County)
BRIGHTON (City or Town)

No. St. Elizabeth Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MR. PATRICK J. SULLIVAN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 61 WALDEMAR AVE St. WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years ___ months 1 days. In place of residence 40 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEB (Month) 28 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from FEB 28, 1959 to FEB 28, 1959
I last saw h[illegible] alive on FEB. 28, 1959, death is said to have occurred on the date stated above, at 10[illegible] A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) ARTERIOSCLEROTIC HEART DISEASE	
Due To (b) MYOCARDIAL INFARCTION	
Due To (c) MYOCARDIAL RUPTURE	
OTHER SIGNIFICANT CONDITIONS ACUTE PULMONARY EDEMA	

Was autopsy performed? YES
What test confirmed diagnosis? AUTOPSY

5 Was disease or injury in any way related to occupation of deceased? ___
If so, specify ___

(Signed) Robert H. Ainslie, M. D.
(Address) St. Eliz. Hosp. Date 2/28 1959

6 Place of Burial or Cremation Holy Cross Malden Mass. (City or Town)
DATE OF BURIAL March 3 1959

7 NAME OF FUNERAL DIRECTOR Ernest P Caggiano
ADDRESS 147 Winthrop St Winthrop

Received and filed MAR 4 1959
Charles H. Mackie (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Martha M Garbey
(Give maiden name of wife in full)
(or) WIFE of ___
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 8 Months 20 Days | If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Retired Custom Inspector
(Kind of work done during most of working life)

14 Industry or Business: U.S. GOv

15 Social Security No. 022-01-3943

16 BIRTHPLACE (City) Cambrigde
(State or country) Mass

PARENTS

17 NAME OF FATHER John J Sullivan

18 BIRTHPLACE OF FATHER (City) Cork
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Briget Fielding

20 BIRTHPLACE OF MOTHER (City) Cork
(State or country) Ireland

21 Informant Mrs Mary Brugman
(Address) 61 Waldemar Ave, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

[illegible]
(Signature of Agent of Board of Health or other)

[illegible] 3-6-59
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie.

City Registrar

RECEIVED

JUN 1 1959

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN 71

To be filed for burial permit with Board of Health or its Agent.

Registered No. 02289

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON (City or Town)

No. MASSACHUSETTS GENERAL HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ELIZABETH PACI
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 16 PAINE STREET St. WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years ___ months 3 days. In place of residence 15 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH (Month) 6 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 3, 1959 to March 6, 1959, I last saw her alive on March 6, 1959, death is said to have occurred on the date stated above, at 15A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Pulmonary embolism	3 mins
Due To (b) Hypertensive cardio-vascular disease	14 yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? ___
If so, specify ___

(Signed) C. Culley, M. D.
(Address) Asst. Dir. Mass. Gen'l Hosp. Date 3/6/ 1959

6 Winthrop Cem. Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 9 1959

7 NAME OF FUNERAL DIRECTOR Domenic J. Russo
ADDRESS 407 Main St. Medford

Received and filed MAR 9 1959
Charles H. Mack (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of ___ (Give maiden name of wife in full)
(or) WIFE of Domenico Paci (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years ___ Months ___ Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: ___

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Italy

PARENTS

17 NAME OF FATHER Carmelo Daniele

18 BIRTHPLACE OF FATHER (City) (State or country) Italy

19 MAIDEN NAME OF MOTHER Anna Tringale

20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant Miss Domenica Paci
(Address) 16 Paine St., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

E 17559
(Signature of Agent of Board of Health or other)

(Official Designation) Mar 7. 1959 (Date of Issue of Permit)

DM-1-58-921876

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED

JUN - 1 1959

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AP. 38 § 6.)

1 1959

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

72

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent.

Registered No. 02463

PLACE OF DEATH

1 Suffolk (County)

Boston (City or Town)

No. BOSTON CITY HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Philip Giordano
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence, No. 39 Grovers Avenue xx Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 10, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, ~~xxxxxxxxxxxxxxxx~~ Was a patient
March 10, 1959, to March 10, 1959
I ~~last saw alive on~~ ....., 19..., death is said to have occurred on the date stated above, at 3:30A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

Due To (b) .....

Due To (c) .....

OTHER SIGNIFICANT CONDITIONS Arteriosclerotic Heart Disease moderately Decompensated. Yrs.

Was autopsy performed? Clinical
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Mathias O'Connell M. D.
(Address) BOSTON CITY HOSPITAL Date 3-10-59

6 St. Michaels Boston
Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 12 1959

7 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St. East Boston

Received and filed MAR 18 1959 19...
Charles H. Mackie
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced HUSBAND of Caroline Bolduzzi
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 90 Years ..... Months ..... Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Retired
(Kind of work done during most of working life)

14 Industry or Business: Years

15 Social Security No. None

16 BIRTHPLACE (City) Italy
(State or country)

PARENTS

17 NAME OF FATHER Frank Giordano

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Maria (unknown)

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

21 Informant Martin Guida
(Address) 701 Belmont Belmont Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
R. Rogerson
(Signature of Agent of Board of Health or other)
1779 3-11-59
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED

JUN - 1 1959

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

OUT - OF - TOWN 73

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 12478

PLACE OF DEATH

1 SUFFOLK (County)

ROXBURY, MASS. (City or Town)

No. NEW ENGLAND HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME HELEN A. MULCAHY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 26 ENFIELD RD. St. WINTHROP
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years ___ months ___ days. In place of residence 50 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH (Month) 12, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from MARCH 1, 1959 to MARCH 12, 1959
I last saw her alive on MARCH 12, 1959, death is said to have occurred on the date stated above, at 12:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) UREMIA	
Due To (b) ARTERIOSCLEROTIC HYPERTENSIVE HEART DISEASE	
Due To (c) NEPHROSCLEROSIS	
OTHER SIGNIFICANT CONDITIONS CEREBRO-VASCULAR ACCIDENT, REPEATED	

Was autopsy performed? NO
What test confirmed diagnosis? PHYSICAL EXAM.

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) Ramona A. Villanoy, M. D.
(Address) NEW ENGLAND HOSP. Date MARCH 12, 1959

6 Place of Burial or Cremation St. Paul's (City or Town) Arlington
DATE OF BURIAL March 16, 1959

7 NAME OF FUNERAL DIRECTOR Maurice W Kirby
ADDRESS 210 Winthrop St. Winthrop

Received and filed MAR 18 1959 19
Charles H. Mackie (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widow

10a If married, widowed, or divorced
HUSBAND of Thomas J Mulcahy (Give maiden name of wife in full)
(or) WIFE of ___ (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years ___ Months ___ Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Teacher (Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. Unknown

16 BIRTHPLACE (City) East Boston (State or country)

PARENTS

17 NAME OF FATHER William J Burke

18 BIRTHPLACE OF FATHER (City) St. John N.B. (State or country)

19 MAIDEN NAME OF MOTHER Margaret F Ryan

20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

21 Informant Kevin Mulcahy
(Address) 26 Enfield Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
[illegible] 17734
(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) March 15 1959

BOM-11-56-918878

1 1959

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED

JUN -1 1959

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-11-58-816145

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Registered No. 201 74

1 PLACE OF DEATH

Suffolk (County)

Chelsea (City or Town)

No. U.S.Naval Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Chelsea (City or Town making this return)

2 FULL NAME Marie Nicholson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. Qtrs. A, Fort Banks St. / Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death - years - months 15mins. days. In place of residence - years - months - days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 2, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 2, 19 59 to May 2, 19 59, I last saw her alive on May 2, 19 59, death is said to have occurred on the date stated above, at 2:40 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Prematurity with immaturity

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

INTERVAL BETWEEN ONSET AND DEATH: 15 min.

Was autopsy performed? yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H.R.Houston, LTMC M. D.

(Address) USNH, Chelsea, Mass. Date 5/2/59 19

6 Place of Burial or Cremation Holy Cross, Malden, Mass. (City or Town)

DATE OF BURIAL May 4, 1959 19

7 NAME OF FUNERAL DIRECTOR R.C.Kirby

ADDRESS 917 Bennington St., E. Boston

Received and filed JUN 9 1959 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female

9 COLOR: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE - Years - Months - Days. If under 24 hours - Hours 15 Minutes

13 Usual Occupation: none
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Chelsea, Mass.
(State or country)

PARENTS

17 NAME OF FATHER Robert E.

18 BIRTHPLACE OF FATHER (City) Worcester, Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Doris Beverly Varg

20 BIRTHPLACE OF MOTHER (City) Worcester, Mass.
(State or country)

21 Informant R.Nicholson (father)
(Address) Ft. Banks, Winthrop, Mass.

A TRUE COPY
ATTEST: Joseph A. Tyrrell
(Registrar of City or Town where death occurred)

DATE FILED May 4, 1959 19

RECEIVED
JUN - 9 1959 AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 25

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Barenboim, Isidor
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 22 Cross St. Winthrop, Mass. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years ___ months 33 days. In place of residence 4 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 3 (Day), 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 47, to May 3, 1959

I last saw him alive on May 3, 1959, death is said to have occurred on the date stated above, at 12:20 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Artery Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

Due To (b) Cardiac Decompensation — 2 yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS None

Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles Lieberman M. D.

(Address) Winthrop Date 5/3/1959

6 Place of Burial ~~or Cremation~~ SUDLI COVE EVERETT (City or Town)

DATE OF BURIAL MAY 4, 1959

7 NAME OF FUNERAL DIRECTOR BENJAMIN BIRNBACH

ADDRESS 10 WASHINGTON ST. DORCHESTER

Received and filed MAY 5 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of HILDA SILVER
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 58 Years ___ Months ___ Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: ~~Music Boxes~~ Cab Driver
(Kind of work done during most of working life)

14 Industry or Business: RETIRED

15 Social Security No. 028-03-4852

16 BIRTHPLACE (City) (State or country) RUSSIA

PARENTS

17 NAME OF FATHER SAMUEL BARENBOIM

18 BIRTHPLACE OF FATHER (City) (State or country) RUSSIA

19 MAIDEN NAME OF MOTHER LEIA RIMELMAN

20 BIRTHPLACE OF MOTHER (City) (State or country) RUSSIA

21 Informant HILDA BARENBOIM
(Address) 22 CROSS ST, WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter C. Sullivan
(Signature of Agent of Board of Health or other)

Health Officer 5/4/59
(Official Designation) (Date of Issue of Permit)

V.B.V

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

physician or registered hospital medical officer shall forthwith, after the th of a person whom he has attended during his last illness, at the request n undertaker or other authorized person or of any member of the family of deceased, furnish for registration a standard certificate of death, stating to the t of his knowledge and belief the name of the deceased, his supposed age, the ase of which he died, defined as required by section one, where same was tracted, the duration of his last illness, when last seen alive by the physician fficer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

physician or officer furnishing a certificate of death as required by the ceding section or by section forty-five of chapter one hundred and four- n, shall, if the deceased, to the best of his knowledge and belief, served in the ny, navy or marine corps of the United States in any war in which it has been aged, insert in the certificate a recital to that effect, specifying the war, and ll also certify in such certificate both the primary and the secondary or imme- te cause of death as nearly as he can state the same. For neglect to comply h any provision of this section, such physician or officer, shall forfeit ten dollars. the purposes of this section and of sections forty-five, forty-six and forty-seven aid chapter one hundred and fourteen, the word "war" shall include the China ef expedition and the Philippine insurrection, which shall, for said purposes, be med to have taken place between February fourteenth, eighteen hundred and ety-eight and July fourth, nineteen hundred and two, and the Mexican border vice of nineteen hundred and sixteen and nineteen hundred and seventeen. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body town, or remove therefrom a human body which has not been buried, until he received a permit from the board of health, or its agent appointed to issue h permits, or if there is no such board, from the clerk of the town where the son died; and no undertaker or other person shall exhume a human body and ove it from a town, from one cemetery to another, or from one grave or tomb er than the receiving tomb to another in the same cemetery, until he has eived a permit from the board of health or its agent aforesaid or from the clerk he town where the body is buried. No such permit shall be issued until there ll have been delivered to such board, agent or clerk, as the case may be, atisfactory written statement containing the facts required by law to be urned and recorded, which shall be accompanied, in case of an original inter- nt, by a satisfactory certificate of the attending physician, if any, as required by , or in lieu thereof a certificate as hereinafter provided. If there is no attending ysician, or if, for sufficient reasons, his certificate cannot be obtained early ough for the purpose, or is insufficient, a physician who is a member of the board health, or employed by it or by the selectmen for the purpose, shall upon plication make the certificate required of the attending physician. If death is used by violence, the medical examiner shall make such certificate. If such a rmit for the removal of a human body, not previously interred, from one town another within the commonwealth cannot be obtained early enough for the rpose, the certificate of death made as above provided and in the possession of e undertaker desiring to make such removal shall constitute a permit for such noval; provided, that such body shall be returned to the town from which it was moved within thirty-six hours after such removal, unless a permit in the usual rm for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

PACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

R-301A

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 26

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 226 Main St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary J. Gray (Clancy)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 226 Main St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ... years ... months ... days. In place of residence 40 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 4, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan, 1958, to May 7, 1959

I last saw h alive on May 7, 1959, death is said to have occurred on the date stated above, at 8:45 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE — INTERVAL BETWEEN ONSET AND DEATH

(a) uremia
Uremia

Due To (b) arteriosclerosis-renal
Arteriosclerosis-renal — 6 mos.

Due To (c)

OTHER SIGNIFICANT CONDITIONS senility
Senility

Was autopsy performed? —
What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? ...
If so, specify No

(Signed) H. B. Greenfield, M. D.
(Address) 447 Shirley St Winthrop Mass Date May 5 1959

6 Holy Cross Malden Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 8, 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed MAY 6 1959 19...
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR: White
10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of ...
(Give maiden name of wife in full)
(or) WIFE of John F. Gray
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years ... Months ... Days — If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. ...

16 BIRTHPLACE (City) Waterford
(State or country) Ireland

PARENTS

17 NAME OF FATHER James Clancy

18 BIRTHPLACE OF FATHER (City) Waterford
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Ellen Cunningham

20 BIRTHPLACE OF MOTHER (City) Waterford
(State or country) Ireland

21 Informant Veronica Howard
(Address) 226 Main St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Sullivan, D
(Signature of Agent of Board of Health or other)

Health Officer 5/6/59
(Official Designation) (Date of Issue of Permit)

V.B. ✓

50M-5-57-920345

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the ath of a person whom he has attended during his last illness, at the request an undertaker or other authorized person or of any member of the family of e de eased, furnish for registration a standard certificate of death, stating to the st of his knowledge and belief the name of the deceased, his supposed age, the ease of which he died, defined as required by section one, where same was ntracted, the duration of his last illness, when last seen alive by the physician officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the eceding section or by section forty-five of chapter one hundred and four- en, shall, if the deceased, to the best of his knowledge and belief, served in the my, navy or marine corps of the United States in any war in which it has been gaged, insert in the certificate a recital to that effect, specifying the war, and all also certify in such certificate both the primary and the secondary or imme- ate cause of death as nearly as he can state the same. For neglect to comply th any provision of this section, such physician or officer, shall forfeit ten dollars. r the purposes of this section and of sections forty-five, forty-six and forty-seven said chapter one hundred and fourteen, the word "war" shall include the China lief expedition and the Philippine insurrection, which shall, for said purposes, be emed to have taken place between February fourteenth, eighteen hundred and nety-eight and July fourth, nineteen hundred and two, and the Mexican border rvice of nineteen hundred and sixteen and nineteen hundred and seventeen. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body a town, or remove therefrom a human body which has not been buried, until he s received a permit from the board of health, or its agent appointed to issue ch permits, or if there is no such board, from the clerk of the town where the rson died; and no undertaker or other person shall exhume a human body and move it from a town, from one cemetery to another, or from one grave or tomb her than the receiving tomb to another in the same cemetery, until he has ceived a permit from the board of health or its agent aforesaid or from the clerk the town where the body is buried. No such permit shall be issued until there all have been delivered to such board, agent or clerk, as the case may be, satisfactory written statement containing the facts required by law to be turned and recorded, which shall be accompanied, in case of an original inter- ent, by a satisfactory certificate of the attending physician, if any, as required by w, or in lieu thereof a certificate as hereinafter provided. If there is no attending hysician, or if, for sufficient reasons, his certificate cannot be obtained early ough for the purpose, or is insufficient, a physician who is a member of the board f health, or employed by it or by the selectmen for the purpose, shall upon pplication make the certificate required of the attending physician. If death is aused by violence, the medical examiner shall make such certificate. If such a ermit for the removal of a human body, not previously interred, from one town another within the commonwealth cannot be obtained early enough for the urpose, the certificate of death made as above provided and in the possession of he undertaker desiring to make such removal shall constitute a permit for such emoval; provided, that such body shall be returned to the town from which it was emoved within thirty-six hours after such removal unless a permit in the usual orm for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate is required.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

MAY 6 1959 AM

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

R-301A

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 77

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
Boston 20 L-4-61

No. Bay View Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah E. Hazlett (McGeorge)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 461 Old Colony Bl'vd. St. Boston, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years 2 months ___ days. In place of residence 45 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 11 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ___, 1956, to May 11, 1959
I last saw her alive on May 11, 1959, death is said to have occurred on the date stated above, at 6 15 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Congestive heart failure — CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 1 year

Due To (b) arteriosclerosis — ARTERIOSCLEROSIS

Due To (c) ___

OTHER SIGNIFICANT CONDITIONS malnutrition from dumping syndrome after gastrectomy

Was autopsy performed? no
What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? ___
If so, specify no

(Signed) H B Spearfield, M. D.
(Address) 447 Shirley St Winthrop Mass Date 5-12 1959

6 Place of Burial or Cremation: Cambridge Cemetery Cambridge, Mass (City or Town)
DATE OF BURIAL May 14 1959 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed MAY 13 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: female
9 COLOR: white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

10a If married, widowed, or divorced
HUSBAND of ___
(Give maiden name of wife in full)
(or) WIFE of William A. Hazlett
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years 6 Months 20 Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: housework
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Boston (State or country) Mass.

PARENTS
17 NAME OF FATHER William McGeorge
18 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.
19 MAIDEN NAME OF MOTHER Ellen Moynihan
20 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.

21 Informant Edward A. Hazlett
(Address) 36 Centre St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Mass. Walter C. Sullivan
(Signature of Agent of Board of Health or other)
Health Office (Official Designation) 5/13/59 (Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the th of a person whom he has attended during his last illness, at the request an undertaker or other authorized person or of any member of the family of deceased, furnish for registration a standard certificate of death, stating to the t of his knowledge and belief the name of the deceased, his supposed age, the ease of which he died, defined as required by section one, where same was tracted, the duration of his last illness, when last seen alive by the physician officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the ceding section or by section forty-five of chapter one hundred and four- n, shall, if the deceased, to the best of his knowledge and belief, served in the ny, navy or marine corps of the United States in any war in which it has been gaged, insert in the certificate a recital to that effect, specifying the war, and ll also certify in such certificate both the primary and the secondary or imme- te cause of death as nearly as he can state the same. For neglect to comply h any provision of this section, such physician or officer, shall forfeit ten dollars. r the purposes of this section and of sections forty-five, forty-six and forty-seven said chapter one hundred and fourteen, the word "war" shall include the China ief expedition and the Philippine insurrection, which shall, for said purposes, be emed to have taken place between February fourteenth, eighteen hundred and iety-eight and July fourth, nineteen hundred and two, and the Mexican border vice of nineteen hundred and sixteen and nineteen hundred and seventeen. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body a town, or remove therefrom a human body which has not been buried, until he s received a permit from the board of health, or its agent appointed to issue ch permits, or if there is no such board, from the clerk of the town where the rson died; and no undertaker or other person shall exhume a human body and move it from a town, from one cemetery to another, or from one grave or tomb her than the receiving tomb to another in the same cemetery, until he has ceived a permit from the board of health or its agent aforesaid or from the clerk the town where the body is buried. No such permit shall be issued until there all have been delivered to such board, agent or clerk, as the case may be, satisfactory written statement containing the facts required by law to be turned and recorded, which shall be accompanied, in case of an original inter- ent, by a satisfactory certificate of the attending physician, if any, as required by w, or in lieu thereof a certificate as hereinafter provided. If there is no attending ysician, or if, for sufficient reasons, his certificate cannot be obtained early ough for the purpose, or is insufficient, a physician who is a member of the board health, or employed by it or by the selectmen for the purpose, shall upon plication make the certificate required of the attending physician. If death is used by violence, the medical examiner shall make such certificate. If such a rmit for the removal of a human body, not previously interred, from one town another within the commonwealth cannot be obtained early enough for the urpose, the certificate of death made as above provided and in the possession of e undertaker desiring to make such removal shall constitute a permit for such emoval; provided, that such body shall be returned to the town from which it was emoved within thirty-six hours after such removal, unless a permit in the usual orm for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

I R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-8-58-918227

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Malden (City or Town making this return)

Registered No. 78

1 PLACE OF DEATH: Middlesex (County) — Malden (City or Town)

No. Malden Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ----------Mahoney
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 83 Somerset Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 14, 1959 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 14, 1959, to May 14, 1959

I last saw h.....alive on ....., 19....., death is said to have occurred on the date stated above, at .....m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Anencephaly

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Prematurity

INTERVAL BETWEEN ONSET AND DEATH

Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward A. McCarthy M. D.
(Address) 86 Forest St. Medford Date 5/14/59, 19

6 Place of Burial or Cremation Winthrop (City or Town) Winthrop
DATE OF BURIAL May 19, 59, 19

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop, Mass.

Received and filed JUN 3 1959, 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR: White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here Stillborn

12 AGE.....Years.....Months.....Days If under 24 hours .....Hours.....Minutes

13 Usual Occupation:
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Malden (State or country) Mass.

PARENTS

17 NAME OF FATHER Eugene Mahoney

18 BIRTHPLACE OF FATHER (City) Cambridge (State or country) Mass.

19 MAIDEN NAME OF MOTHER Marion Ford

20 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.

21 Informant Eugene Mahoney
(Address) 83 Somerset Ave. Winthrop

A TRUE COPY
ATTEST:
(Registrar of City or Town where death occurred)

DATE FILED May 21, 1959, 19

RECEIVED

JUN 3 1959

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 29

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 117 Hermon St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Peter Paul Pavlik
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) W.W.2

(a) Residence. No. 117 Hermon St. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death 1½ years ___ months ___ days. In place of residence 1½ years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY (Month) 16 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 4/21, 1959, to 5/16, 1959
I last saw him alive on 5/16, 1959, death is said to have occurred on the date stated above, at 7.40 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE CORONARY OCCLUSION SUPER IMPOSED ON PREVIOUS CORONARY — INTERVAL BETWEEN ONSET AND DEATH: 10 MIN / 1 mo.

Due To (b) HYPERTENSIVE HEART DIS & ARTERIO SCLEROTIC HEART DIS. — 6 YRS.

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No
What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased No
If so, specify

(Signed) Myron D. King, M. D.
(Address) 222 PLEASANT ST WINTHROP Date 5/15 1959

6 Place of Burial or Cremation: Winthrop Cemetery (City or Town) Winthrop
DATE OF BURIAL May 20, 1959

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St. E. Boston

Received and filed ___ 19___
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: M
9 COLOR: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of Rita Whooley
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 49 Years 2 Months 12 Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Sheff
(Kind of work done during most of working life)

14 Industry or Business: General Edwards Inn

15 Social Security No. 010-09-4566

16 BIRTHPLACE (City) Patton (State or country) Penn.

PARENTS

17 NAME OF FATHER: John Pavlik
18 BIRTHPLACE OF FATHER (City) Austria (State or country)
19 MAIDEN NAME OF MOTHER: Anna Wartko
20 BIRTHPLACE OF MOTHER (City) Austria (State or country)

21 Informant Mrs. Rita Pavlik
(Address) 117 Hermon St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Sekeanus D.
(Signature of Agent of Board of Health or other)
Health Officer — 5/20/59
(Official Designation) (Date of Issue of Permit)

50M-3-56-917573

V.R.U

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the th of a person whom he has attended during his last illness, at the request an undertaker or other authorized person or of any member of the family of deceased, furnish for registration a standard certificate of death, stating to the t of his knowledge and belief the name of the deceased, his supposed age, the ease of which he died, defined as required by section one, where same was tracted, the duration of his last illness, when last seen alive by the physician officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the ceding section or by section forty-five of chapter one hundred and four- n, shall, if the deceased, to the best of his knowledge and belief, served in the ny, navy or marine corps of the United States in any war in which it has been gaged, insert in the certificate a recital to that effect, specifying the war, and ll also certify in such certificate both the primary and the secondary or imme- te cause of death as nearly as he can state the same. For neglect to comply h any provision of this section, such physician or officer, shall forfeit ten dollars. r the purposes of this section and of sections forty-five, forty-six and forty-seven aid chapter one hundred and fourteen, the word "war" shall include the China ef expedition and the Philippine insurrection, which shall, for said purposes, be med to have taken place between February fourteenth, eighteen hundred and ety-eight and July fourth, nineteen hundred and two, and the Mexican border vice of nineteen hundred and sixteen and nineteen hundred and seventeen. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body a town, or remove therefrom a human body which has not been buried, until he received a permit from the board of health, or its agent appointed to issue h permits, or if there is no such board, from the clerk of the town where the son died; and no undertaker or other person shall exhume a human body and nove it from a town, from one cemetery to another, or from one grave or tomb er than the receiving tomb to another in the same cemetery, until he has eived a permit from the board of health or its agent aforesaid or from the clerk the town where the body is buried. No such permit shall be issued until there ll have been delivered to such board, agent or clerk, as the case may be, satisfactory written statement containing the facts required by law to be urned and recorded, which shall be accompanied, in case of an original inter- nt, by a satisfactory certificate of the attending physician, if any, as required by , or in lieu thereof a certificate as hereinafter provided. If there is no attending ysician, or if, for sufficient reasons, his certificate cannot be obtained early ough for the purpose, or is insufficient, a physician who is a member of the board health, or employed by it or by the selectmen for the purpose, shall upon plication make the certificate required of the attending physician. If death is used by violence, the medical examiner shall make such certificate. If such a rmit for the removal of a human body, not previously interred, from one town another within the commonwealth cannot be obtained early enough for the rpose, the certificate of death made as above provided and in the possession of e undertaker desiring to make such removal shall constitute a permit for such noval; provided, that such body shall be returned to the town from which it was moved within thirty-six hours after such removal, unless a permit in the usual rm for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

PACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE ..... March 6, 1945

DATE OF DISCHARGE ..... Feb. 21, 1946

RANK, RATING ..... S 1c

ORGANIZATION AND OUTFIT ..... U.S.N.R.

SERVICE NUMBER 8049515

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 80

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Quigley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 28 West Eagle St., East Boston, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months ____ days. In place of residence 50 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 16 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 13, 1959 to May 16, 1959, 19__
I last saw him alive on May 16, 1959, death is said to have occurred on the date stated above, at 4:15 PM.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Coronary Thrombosis	May 16
Due To (b) ~~Left-sided~~ Hypertensive - Cardio Vascular Disease	1 Yr.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Left -sided Hemiplegia	

Was autopsy performed? No
What test confirmed diagnosis? Clinical Findings

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Louis E Sabin a/a MD., M. D.
(Address) 14 Bennington Date May 16 1959

6 Holy Cross Place of Burial or Cremation Malden (City or Town)
DATE OF BURIAL May 19 59

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS East Boston

Received and filed ____ 19__

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male
9 COLOR white
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) married

10a If married, widowed, or divorced
HUSBAND of Antonette M. Corochio
(Give maiden name of wife in full)
(or) WIFE of ____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 50 Years ____ Months ____ Days
If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: shipper
(Kind of work done during most of working life)

14 Industry or Business: Liggett Drug Co.

15 Social Security No. 031-01-9404

16 BIRTHPLACE (City or State or country) East Boston, Mass.

PARENTS

17 NAME OF FATHER Thomas J. Quigley

18 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Mary T. Lynch

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.

21 Informant Antonette M. Quigley
(Address) 28 West Eagle St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Ferranno
(Signature of Agent of Board of Health or other)

Health Officer 5/18/59
(Official Designation) (Date of Issue of Permit)

60M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

physician or registered hospital medical officer shall forthwith, after the h of a person whom he has attended during his last illness, at the request n undertaker or other authorized person or of any member of the family of leceased, furnish for registration a standard certificate of death, stating to the of his knowledge and belief the name of the deceased, his supposed age, the ase of which he died, defined as required by section one, where same was racted, the duration of his last illness, when last seen alive by the physician fficer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

physician or officer furnishing a certificate of death as required by the eding section or by section forty-five of chapter one hundred and four- , shall, if the deceased, to the best of his knowledge and belief, served in the y, navy or marine corps of the United States in any war in which it has been ged, insert in the certificate a recital to that effect, specifying the war, and l also certify in such certificate both the primary and the secondary or imme- e cause of death as nearly as he can state the same. For neglect to comply any provision of this section, such physician or officer, shall forfeit ten dollars. the purposes of this section and of sections forty-five, forty-six and forty-seven id chapter one hundred and fourteen, the word "war" shall include the China f expedition and the Philippine insurrection, which shall, for said purposes, be ned to have taken place between February fourteenth, eighteen hundred and ty-eight and July fourth, nineteen hundred and two, and the Mexican border ice of nineteen hundred and sixteen and nineteen hundred and seventeen. . Chap. 46, Sec. 10.

o undertaker or other person shall bury or otherwise dispose of a human body town, or remove therefrom a human body which has not been buried, until he received a permit from the board of health, or its agent appointed to issue permits, or if there is no such board, from the clerk of the town where the on died; and no undertaker or other person shall exhume a human body and ove it from a town, from one cemetery to another, or from one grave or tomb r than the receiving tomb to another in the same cemetery, until he has ived a permit from the board of health or its agent aforesaid or from the clerk he town where the body is buried. No such permit shall be issued until there l have been delivered to such board, agent or clerk, as the case may be, atisfactory written statement containing the facts required by law to be rned and recorded, which shall be accompanied, in case of an original inter- t, by a satisfactory certificate of the attending physician, if any, as required by , or in lieu thereof a certificate as hereinafter provided. If there is no attending sician, or if, for sufficient reasons, his certificate cannot be obtained early ugh for the purpose, or is insufficient, a physician who is a member of the board health, or employed by it or by the selectmen for the purpose, shall upon lication make the certificate required of the attending physician. If death is sed by violence, the medical examiner shall make such certificate. If such a mit for the removal of a human body, not previously interred, from one town another within the commonwealth cannot be obtained early enough for the pose, the certificate of death made as above provided and in the possession of undertaker desiring to make such removal shall constitute a permit for such ioval; provided, that such body shall be returned to the town from which it was noved within thirty-six hours after such removal, unless a permit in the usual m for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

PACE FOR ADDITIONAL INFORMATION .....

ATE OF ENTERING MILITARY SERVICE .....

ATE OF DISCHARGE .....

ANK, RATING .....

RGANIZATION AND OUTFIT .....

ERVICE NUMBER .....

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 81

Boston 6-4-59

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Comm Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clara C Vesce (Thobuan)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 974 Saratoga St St. East Boston.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months 10 days. In place of residence 20 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 18 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 25, 1957, to May 18, 1959

I last saw him alive on May 17, 1959, death is said to have occurred on the date stated above, at 3:45 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Acute Anterior, Septal and Posterior Myocardial Infarction	15 days
Due To (b) Atherosclerotic Coronary Artery Disease	3 years
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Myxedema	10 years

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Dorothy Cheney Appleton, M.D.

(Address) 197 Woodside Ave Date 5/18 1959

Winthrop Place of Burial or Cremation (Winthrop, Mass) Winthrop (City or Town)

DATE OF BURIAL May 20 1959

7 NAME OF FUNERAL DIRECTOR Ernest P Caggiano

ADDRESS 147 Winthrop St Winthrop

Received and filed MAY 20 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Anthony D Vesce
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years 2 Months ____ Days

If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

17 NAME OF FATHER Thomas Thobuan

18 BIRTHPLACE OF FATHER (City)
(State or country) Scotland

19 MAIDEN NAME OF MOTHER Catherine Mc Cauley

20 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia

21 Informant Anthony D Vesce
(Address) 974 Saratoga St East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Sullivan M.D.
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/20/59 (Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the ath of a person whom he has attended during his last illness, at the request an undertaker or other authorized person or of any member of the family of e deceased, furnish for registration a standard certificate of death, stating to the st of his knowledge and belief the name of the deceased, his supposed age, the ease of which he died, defined as required by section one, where same was ntracted, the duration of his last illness, when last seen alive by the physician officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the eeding section or by section forty-five of chapter one hundred and four-en, shall, if the deceased, to the best of his knowledge and belief, served in the my, navy or marine corps of the United States in any war in which it has been gaged, insert in the certificate a recital to that effect, specifying the war, and all also certify in such certificate both the primary and the secondary or imme-ate cause of death as nearly as he can state the same. For neglect to comply h any provision of this section, such physician or officer, shall forfeit ten dollars. r the purposes of this section and of sections forty-five, forty-six and forty-seven said chapter one hundred and fourteen, the word "war" shall include the China ief expedition and the Philippine insurrection, which shall, for said purposes, be emed to have taken place between February fourteenth, eighteen hundred and iety-eight and July fourth, nineteen hundred and two, and the Mexican border vice of nineteen hundred and sixteen and nineteen hundred and seventeen. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body a town, or remove therefrom a human body which has not been buried, until he s received a permit from the board of health, or its agent appointed to issue h permits, or if there is no such board, from the clerk of the town where the rson died; and no undertaker or other person shall exhume a human body and nove it from a town, from one cemetery to another, or from one grave or tomb her than the receiving tomb to another in the same cemetery, until he has eived a permit from the board of health or its agent aforesaid or from the clerk the town where the body is buried. No such permit shall be issued until there all have been delivered to such hoard, agent or clerk, as the case may be, satisfactory written statement containing the facts required by law to be urned and recorded, which shall be accompanied, in case of an original inter-nt, hy a satisfactory certificate of the attending physician, if any, as required by v, or in lieu thereof a certificate as hereinafter provided. If there is no attending ysician, or if, for sufficient reasons, his certificate cannot be obtained early ough for the purpose, or is insufficient, a physician who is a member of the board health, or employed by it or by the selectmen for the purpose, shall upon plication make the certificate required of the attending physician. If death is used by violence, the medical examiner shall make such certificate. If such a rmit for the removal of a human body, not previously interred, from one town another within the commonwealth cannot be obtained early enough for the rpose, the certificate of death made as above provided and in the possession of e undertaker desiring to make such removal shall constitute a permit for such moval; provided, that such body shall be returned to the town from which it was moved within thirty-six hours after such removal, unless a permit in the usual rm for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6 . as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

PACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 82

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. Winthrop Convalescent St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clara Coleman (King)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 94 Homer St. East Boston St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 3 years ___ months ___ days. In place of residence 5 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 19 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 1, 1957, to May 18, 1959, last saw ~~he~~ alive on 5/18, 1959, death is said to have occurred on the date stated above, at 8.45 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) BRONCHO-PNEUMONIA	4 DAYS
Due To (b) ARTERIO-SCLEROTIC HEART DISEASE	5 yr
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? O
What test confirmed diagnosis?
5 Was disease or injury in any way related to occupation of deceased? O
If so, specify

(Signed) Fred O' Regan, M. D.
(Address) 113 Pleasant St. Winthrop Date 5/19 1959

6 Place of Burial or Cremation: Hardings Crossing (City or Town) Brunswick Me.
DATE OF BURIAL May 22, 1959

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St. E. Boston

Received and filed MAY 20 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: F
9 COLOR: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Charles Coleman
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 4 Months 15 Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Proprietor
(Kind of work done during most of working life)

14 Industry or Business: Variety Store

15 Social Security No. None

16 BIRTHPLACE (City) Bath
(State or country) Maine

PARENTS
17 NAME OF FATHER: Francis King
18 BIRTHPLACE OF FATHER (City) Canada
(State or country)
19 MAIDEN NAME OF MOTHER: U to L
20 BIRTHPLACE OF MOTHER (City) Canada
(State or country)

21 Informant Mrs. Margaret Hoff
(Address) 94 Homer St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Sullivan
(Signature of Agent of Board of Health or other)
Health Officer 5/19/59
(Official Designation) (Date of Issue of Permit)

50M-3-56-917573

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 83

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 104 Highland Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number) Mount's Convalescent Home

2 FULL NAME Margaret M. Flanagan Mooney
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 453 Shirley St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..years 2 months ..days. In place of residence 40 years ..months ..days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 19 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 1944, to, to May 10, 1959

I last saw her alive on May 10, 1959, death is said to have occurred on the date stated above, at 12:20 P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebro vascular accident

Due To (b) Senility + arteriosclerosis

Due To (c)

OTHER SIGNIFICANT CONDITIONS

INTERVAL BETWEEN ONSET AND DEATH: 1 hour

Was autopsy performed? no
What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) H B Greenfield, M. D.
(Address) 447 Shirley St Winthrop Date 5-19 1959

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL May 22 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop, Mass.

Received and filed MAY 20 1959 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female

9 COLOR: White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of John W. Flanagan
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years ..Months ..Days | If under 24 hours ..Hours ..Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

17 NAME OF FATHER John Mooney

18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Sarah McDonald

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

21 Informant John W. Flanagan
(Address) 453 Shirley St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Seramy
(Signature of Agent of Board of Health or other)

Health Officer 5/20/59
(Official Designation) (Date of Issue of Permit)

V.B.V

100M-11-55-916145

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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A physician or registered hospital medical officer shall forthwith, after the ath of a person whom he has attended during his last illness, at the request an undertaker or other authorized person or of any member of the family of e deceased, furnish for registration a standard certificate of death, stating to the st of his knowledge and belief the name of the deceased, his supposed age, the sease of which he died, defined as required by section one, where same was ntracted, the duration of his last illness, when last seen alive by the physician officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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R-301A

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 81

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 15 Villa Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur Eugene Griffin
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence, No. 15 Villa Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 81 years ___ months ___ days. In place of residence 81 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 21 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on ___, 19___, death is said to have occurred on the date stated above, at 11:30 A.M.

INTERVAL BETWEEN ONSET AND DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Presumably due to

Due To (b) natural causes.

Due To (c) Board of Health Town of Winthrop.

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Charles Liberman M. D.

(Address) Winthrop, Mass. Date 5/22/1959

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 25, 1959

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop,

Received and filed MAY 22 1959

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male

9 COLOR white

10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) married

10a If married, widowed, or divorced
HUSBAND of Louise Isabell Ingalls
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years 2 Months 9 Days | If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: retired electrical engineer
(Kind of work done during most of working life)

14 Industry or Business: Boston Edison Co.

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country) Massachusetts

PARENTS

17 NAME OF FATHER Sydney Haskill Griffin

18 BIRTHPLACE OF FATHER (City) Gloucester
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Mary Priscilla Ryder

20 BIRTHPLACE OF MOTHER (City) Chatham
(State or country) Massachusetts

21 Informant Mrs. Arthur E. Griffin
(Address) 15 Villa Ave. Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Mass. Ralph C. Seramus
(Signature of Agent of Board of Health or other)

Health Officer 5/22/59
(Official Designation) (Date of Issue of Permit)

V.B.V

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the th of a person whom he has attended during his last illness, at the request an undertaker or other authorized person or of any member of the family of deceased, furnish for registration a standard certificate of death, stating to the t of his knowledge and belief the name of the deceased, his supposed age, the ease of which he died, defined as required by section one, where same was tracted, the duration of his last illness, when last seen alive by the physician officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the ceding section or by section forty-five of chapter one hundred and four- n, shall, if the deceased, to the best of his knowledge and belief, served in the ny, navy or marine corps of the United States in any war in which it has been gaged, insert in the certificate a recital to that effect, specifying the war, and ll also certify in such certificate both the primary and the secondary or imme- te cause of death as nearly as he can state the same. For neglect to comply h any provision of this section, such physician or officer, shall forfeit ten dollars. the purposes of this section and of sections forty-five, forty-six and forty-seven aid chapter one hundred and fourteen, the word "war" shall include the China ef expedition and the Philippine insurrection, which shall, for said purposes, be med to have taken place between February fourteenth, eighteen hundred and ety-eight and July fourth, nineteen hundred and two, and the Mexican border vice of nineteen hundred and sixteen and nineteen hundred and seventeen. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body a town, or remove therefrom a human body which has not been buried, until he received a permit from the board of health, or its agent appointed to issue h permits, or if there is no such board, from the clerk of the town where the son died; and no undertaker or other person shall exhume a human body and nove it from a town, from one cemetery to another, or from one grave or tomb er than the receiving tomb to another in the same cemetery, until he has eived a permit from the board of health or its agent aforesaid or from the clerk the town where the body is buried. No such permit shall be issued until there ll have been delivered to such board, agent or clerk, as the case may be, satisfactory written statement containing the facts required by law to be urned and recorded, which shall be accompanied, in case of an original inter- nt, by a satisfactory certificate of the attending physician, if any, as required by , or in lieu thereof a certificate as hereinafter provided. If there is no attending ysician, or if, for sufficient reasons, his certificate cannot be obtained early ough for the purpose, or is insufficient, a physician who is a member of the board health, or employed by it or by the selectmen for the purpose, shall upon plication make the certificate required of the attending physician. If death is used by violence, the medical examiner shall make such certificate. If such a rmit for the removal of a human body, not previously interred, from one town another within the commonwealth cannot be obtained early enough for the rpose, the certificate of death made as above provided and in the possession of e undertaker desiring to make such removal shall constitute a permit for such moval; provided, that such body shall be returned to the town from which it was moved within thirty-six hours after such removal, unless a permit in the usual rm for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

PACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

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N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-8-57-920750

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 85

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Waters of Cottage Park Beach/ Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME STEPHANIE BRIANA
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 19 Seymour Street St. Winthrop, Massachusetts
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 22 (Day) 1959 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Asphyxia due to drowning.

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury 5/22 1959

Where did Injury occur? Winthrop, Mass. (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? Public beach (Specify type of place)

Manner of Injury Slipped from log into water. (How did injury occur?)

Nature of Injury

While at work? ..... Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) Michael Thorne M. D.

(Address) Boston, Mass. Date 5/22 1959

7 Winthrop Cemetery, Winthrop
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL May 25, 1959

8 NAME OF FUNERAL DIRECTOR Ernest C. Caggiano

ADDRESS 147 Winthrop St., Winthrop

Received and filed ..... 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX female

10 COLOR OR RACE white

11 SINGLE MARRIED WIDOWED or DIVORCED (write the word) single

11a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)

(or) WIFE of .....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 4 Years ..... Months 13 Days | If under 24 hours .....Hours.....Minutes

14 Usual Occupation: .....
(Kind of work done during most of working life)

15 Industry or Business: .....

16 Social Security No. .....

17 BIRTHPLACE (City) Winthrop (State or country) Mass.

PARENTS

18 NAME OF FATHER Richard W. Briana

19 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.

20 MAIDEN NAME OF MOTHER Norma DeStefano

21 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.

22 Informant Richard W. Briana
(Address) 19 Seymour St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Fitzsimmons
(Signature of Agent of Board of Health or other)

Health Officer 5/25/59
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the eath of a person whom he has attended during his last illness, at the request an undertaker or other authorized person or of any member of the family of e deceased, furnish for registration a standard certificate of death, stating to the est of his knowledge and belief the name of the deceased, his supposed age, the sease of which he died, defined as required by section one, where same was ontracted, the duration of his last illness, when last seen alive by the physician officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the receding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the rmy, navy or marine corps of the United States in any war in which it has been ngaged, insert in the certificate a recital to that effect, specifying the war, and hall also certify in such certificate both the primary and the secondary or immeiate cause of death as nearly as he can state the same. For neglect to comply ith any provision of this section, such physician or officer, shall forfeit ten dollars. or the purposes of this section and of sections forty-five, forty-six and forty-seven said chapter one hundred and fourteen, the word "war" shall include the China elief expedition and the Philippine insurrection, which shall, for said purposes, be eemed to have taken place between February fourteenth, eighteen hundred and inety-eight and July fourth, nineteen hundred and two, and the Mexican border ervice of nineteen hundred and sixteen and nineteen hundred and seventeen. . L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body n a town, or remove therefrom a human body which has not been buried, until he as received a permit from the board of health, or its agent appointed to issue uch permits, or if there is no such board, from the clerk of the town where the erson died; and no undertaker or other person shall exhume a human body and emove it from a town, from one cemetery to another, or from one grave or tomb ther than the receiving tomb to another in the same cemetery, until he has eceived a permit from the board of health or its agent aforesaid or from the clerk f the town where the body is buried. No such permit shall be issued until there hall have been delivered to such board, agent or clerk, as the case may be, satisfactory written statement containing the facts required by law to be eturned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by aw, or in lieu thereof a certificate as hereinafter provided. If there is no attending hysician, or if, for sufficient reasons, his certificate cannot be obtained early nough for the purpose, or is insufficient, a physician who is a member of the board f health, or employed by it or by the selectmen for the purpose, shall upon pplication make the certificate required of the attending physician. If death is aused by violence, the medical examiner shall make such certificate. If such a ermit for the removal of a human body, not previously interred, from one town o another within the commonwealth cannot be obtained early enough for the urpose, the certificate of death made as above provided and in the possession of he undertaker desiring to make such removal shall constitute a permit for such emoval; provided, that such body shall be returned to the town from which it was emoved within thirty-six hours after such removal, unless a permit in the usual orm for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

. ..The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1)Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

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ns, if any, ave rise to cause (a), the under- cause last.

ions contrib- death but not the terminal ndition given

Chapter 137, 954, requires s to print or cause or death on tificates.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 86

PLACE OF DEATH

1 SUFFOLK (County)

WINTHROP (City or Town)

No. WINTHROP COM. HOSP. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARY J. (HENRY) SLOAN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 18 PLEASANT PARK RD St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months 5 days. In place of residence 40 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY (Month) 23 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1958, to MAY 23, 1959

I last saw her alive on MAY 22, 1959, death is said to have occurred on the date stated above, at 7:50 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) CEREBRAL HEMORRHAGE	4 DAYS
Due To (b) Hypertension	10 yrs.
Due To (c) Arteriosclerosis - Cerebral	14 yr
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Dorothy Cherry Appleton, M. D.

(Address) 197 Woodside Ave Date 5/23 1959

Place of Burial or Cremation Calvary Bos WINTHROP (City or Town)

DATE OF BURIAL MAY 26 1959

7 NAME OF FUNERAL DIRECTOR MAURICE W. KIRBY

ADDRESS WINTHROP

Received and filed ____ 19____

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE

9 COLOR WHITE

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) WIDOWED

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of PATRICK C. SLOAN
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years ____ Months ____ Days — If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: BOOKKEEPER
(Kind of work done during most of working life)

14 Industry or Business: ~~OFFICE~~ GENERAL

15 Social Security No. NONE

16 BIRTHPLACE (City) BOSTON (State or country) MASS

PARENTS

17 NAME OF FATHER THOMAS HENRY

18 BIRTHPLACE OF FATHER (City) IRELAND (State or country)

19 MAIDEN NAME OF MOTHER BRIDGET CONNIFF

20 BIRTHPLACE OF MOTHER (City) IRELAND (State or country)

21 Informant MRS DELLA THOMPSON
(Address) 167 LEBEDON ST. MELROSE

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Sullivan M.D.
(Signature of Agent of Board of Health or other)

Health Officer 5/25/59
(Official Designation) (Date of Issue of Permit)

V.B.V

60M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the ·ath of a person whom he has attended during his last illness, at the request an undertaker or other authorized person or of any member of the family of e deceased, furnish for registration a standard certificate of death, stating to the ·st of his knowledge and belief the name of the deceased, his supposed age, the sease of which he died, defined as required by section one, where same was ntracted, the duration of his last illness, when last seen alive by the physician officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the receding section or by section forty-five of chapter one hundred and four-en, shall, if the deceased, to the best of his knowledge and belief, served in the rmy, navy or marine corps of the United States in any war in which it has been ngaged, insert in the certificate a recital to that effect, specifying the war, and ·all also certify in such certificate both the primary and the secondary or imme-ate cause of death as nearly as he can state the same. For neglect to comply ith any provision of this section, such physician or officer, shall forfeit ten dollars. or the purposes of this section and of sections forty-five, forty-six and forty-seven said chapter one hundred and fourteen, the word "war" shall include the China lief expedition and the Philippine insurrection, which shall, for said purposes, be eemed to have taken place between February fourteenth, eighteen hundred and nety-eight and July fourth, nineteen hundred and two, and the Mexican border rvice of nineteen hundred and sixteen and nineteen hundred and seventeen. . L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body a town, or remove therefrom a human body which has not been buried, until he as received a permit from the board of health, or its agent appointed to issue ich permits, or if there is no such board, from the clerk of the town where the erson died; and no undertaker or other person shall exhume a human body and move it from a town, from one cemetery to another, or from one grave or tomb her than the receiving tomb to another in the same cemetery, until he has ceived a permit from the board of health or its agent aforesaid or from the clerk the town where the body is buried. No such permit shall be issued until there all have been delivered to such board, agent or clerk, as the case may be, satisfactory written statement containing the facts required by law to be turned and recorded, which shall be accompanied, in case of an original inter-ent, by a satisfactory certificate of the attending physician, if any, as required by w, or in lieu thereof a certificate as hereinafter provided. If there is no attending hysician, or if, for sufficient reasons, his certificate cannot be obtained early ough for the purpose, or is insufficient, a physician who is a member of the board health, or employed by it or by the selectmen for the purpose, shall upon pplication make the certificate required of the attending physician. If death is aused by violence, the medical examiner shall make such certificate. If such a ermit for the removal of a human body, not previously interred, from one town another within the commonwealth cannot be obtained early enough for the urpose, the certificate of death made as above provided and in the possession of e undertaker desiring to make such removal shall constitute a permit for such emoval; provided, that such body shall be returned to the town from which it was emoved within thirty-six hours after such removal, unless a permit in the usual orm for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

I R-301A

IUCTIONS FOR CERTIFICATE

giving OF DEATH

ot enter than one for each (b) and (c)

oes not mean of dying, heart failure, etc. It means e, or compli- which caused

ns, if any, ave rise to cause (a), the under- cause last.

ions contrib- leath but not the terminal ndition given

Chapter 137, 954, requires ns to print or t cause or f death on ctificates.

50M-5-56-917573

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 87

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 33 Banks Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice Jane (Good) Campbell
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 33 Banks Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 30 years months days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 26 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept. 1956, to May 26, 1959
I last saw he alive on May 25, 1959, death is said to have occurred on the date stated above, at 7:47 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Bronchopneumonia (Terminal)	2 days
Due To (b) Carcinomatosis	Months
Due To (c) Carcinoma of Bowel	Months
OTHER SIGNIFICANT CONDITIONS Senility	yrs

Was autopsy performed? No
What test confirmed diagnosis?
5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph Gregoire, M. D.
(Address) 79 Woodlawn Ave Date 5-26-1959

6 Woodlawn Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL May 28 1959

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed 19
MAY 28 1959
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widow

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Frank G Campbell
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 89 Years 5 Months 2 Days — If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City) West Bathurst
(State or country) New Brunswick

PARENTS

17 NAME OF FATHER Robert Good

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth Eddy

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

21 Informant Ruth L Smith
(Address) 33 Banks St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Sweeney
(Signature of Agent of Board of Health or other)
Health Officer 5/20/59
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the eath of a person whom he has attended during his last illness, at the request f an undertaker or other authorized person or of any member of the family of he deceased, furnish for registration a standard certificate of death, stating to the est of his knowledge and belief the name of the deceased, his supposed age, the isease of which he died, defined as required by section one, where same was ontracted, the duration of his last illness, when last seen alive by the physician r officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the receding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the rmy, navy or marine corps of the United States in any war in which it has been ngaged, insert in the certificate a recital to that effect, specifying the war, and iall also certify in such certificate both the primary and the secondary or immeiate cause of death as nearly as he can state the same. For neglect to comply ith any provision of this section, such physician or officer, shall forfeit ten dollars. or the purposes of this section and of sections forty-five, forty-six and forty-seven f said chapter one hundred and fourteen, the word "war" shall include the China elief expedition and the Philippine insurrection, which shall, for said purposes, be eemed to have taken place between February fourteenth, eighteen hundred and inety-eight and July fourth, nineteen hundred and two, and the Mexican border ervice of nineteen hundred and sixteen and nineteen hundred and seventeen. . L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body a town, or remove therefrom a human body which has not been buried, until he as received a permit from the board of health, or its agent appointed to issue ich permits, or if there is no such board, from the clerk of the town where the erson died; and no undertaker or other person shall exhume a human body and emove it from a town, from one cemetery to another, or from one grave or tomb ther than the receiving tomb to another in the same cemetery, until he has ceived a permit from the board of health or its agent aforesaid or from the clerk the town where the body is buried. No such permit shall be issued until there iall have been delivered to such board, agent or clerk, as the case may be, satisfactory written statement containing the facts required by law to be turned and recorded, which shall be accompanied, in case of an original inter-ent, by a satisfactory certificate of the attending physician, if any, as required by w, or in lieu thereof a certificate as hereinafter provided. If there is no attending hysician, or if, for sufficient reasons, his certificate cannot be obtained early ough for the purpose, or is insufficient, a physician who is a member of the board f health, or employed by it or by the selectmen for the purpose, shall upon pplication make the certificate required of the attending physician. If death is aused by violence, the medical examiner shall make such certificate. If such a ermit for the removal of a human body, not previously interred, from one town another within the commonwealth cannot be obtained early enough for the urpose, the certificate of death made as above provided and in the possession of he undertaker desiring to make such removal shall constitute a permit for such emoval; provided, that such body shall be returned to the town from which it was emoved within thirty-six hours after such removal, unless a permit in the usual orm for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RECEIVED

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

M R-301A

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RUCTIONS
FOR
CERTIFICATE
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Chapter 137,
954, requires
is to print or
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tificates.
AP. 46, §§ 9 &
P. 114 §§ 45,
AP. 38 § 6.)

Number
3582

O-58-923886

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 88

PLACE OF DEATH

1 Middlesex (County)
Winthrop (City or Town)

No. 25 Windsorth Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Maria Pucello
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 25 Windsorth Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 4 years ___ months ___ days. In place of residence 3 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 28 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 25, 1959, to May 28, 1959
I last saw h[illegible] alive on May 25, 1959, death is said to have occurred on the date stated above, at 1:30 A m.

INTERVAL BETWEEN ONSET AND DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) CANCER of gall bladder with metastisis to liver and
Due To (b) PANCREAS
Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Mason C. Sabin, M. D.
(Address) 241 Maverick St. East Boston Date May 29 1959

6 Winthrop Winthrop Mem
Place of Burial or Cremation (City or Town)
DATE OF BURIAL June 1 1959

7 NAME OF FUNERAL DIRECTOR Joseph C. Sangarelli
ADDRESS 55 St. Margaret St. Boston

Received and filed JUN 1 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Raymond Pucello
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 53 Years ___ Months ___ Days
If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: at Home
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. [illegible]

16 BIRTHPLACE (City) Italy
(State or country)

PARENTS

17 NAME OF FATHER Ferroso Fante

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER da Lexuant

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

21 Informant Raymond Pucello
(Address) 25 Windsorth Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
[illegible]
(Signature of Agent of Board of Health or other)
[illegible]
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RECEIVED
JUN - 1 1959 PM

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

M R-301A

–THIS IS A
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APPROVED
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RUCTIONS
FOR
CERTIFICATE

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OF DEATH

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CHAP. 46, §§ 9 &
CHAP. 114 §§ 45,
(CHAP. 38 § 6.)

MO-58-923886

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 89

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

No. 322 Pleasant St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas L. Regan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No.

(a) Residence. No. 322 Pleasant St. Winthrop
(Usual place of abode) (If nonresident give city or town and State)

Length of stay: In place of death 31 years ___ months ___ days. In place of residence 31 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 30 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug., 1951, to 30 May, 1959
I last saw him alive on 30 May, 1959, death is said to have occurred on the date stated above, at 10:00 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a)	
Due To (b) Multiple Myeloma	6 mo.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? no
What test confirmed diagnosis? sternal biopsy

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Arthur C. O'Murray, M. D.
(Address) Winthrop Date 31 May 1959

6 Place of Burial or Cremation Winthrop Cem. (City or Town) Winthrop
DATE OF BURIAL June 3, 1959

7 NAME OF FUNERAL DIRECTOR John E. Kelly
ADDRESS 286 Meridian St., E. B.

Received and filed JUN 1 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of M. Frances Lane
(Give maiden name of wife in full)
(or) WIFE of —
(Husband's name in full)

11 IF STILLBORN, enter that fact here. —

12 AGE 66 Years ___ Months ___ Days; If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Sales Manager
(Kind of work done during most of working life)

14 Industry or Business: Automobile Legal Asso.

15 Social Security No. 022-03-0174

16 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

17 NAME OF FATHER Joseph E. Regan

18 BIRTHPLACE OF FATHER (City) —
(State or country) New York

19 MAIDEN NAME OF MOTHER Mary Lahey

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

21 Informant Mrs. M. Frances Regan
(Address) 322 Pleasant St. Win.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter C. Lineaweaver
(Signature of Agent of Board of Health or other)

Health Officer 6/1/59
(Official Designation) (Date of Issue of Permit)

V.1

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

RECEIVED
JUN 1 1959 M

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-2-58-922072

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Lexington
(City or Town making this return)

Registered No. 90

1 PLACE OF DEATH
Middlesex (County)
Lexington (City or Town)
No. Metropolitan State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME CHRISTINA J. LUNDGREN
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR) Cannot learn

(a) Residence. No. 36 Cutler St. Winthrop, Massachusetts
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 28 years 0 months 18 days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 10 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 1, 1958, to May 10, 59
I last saw ~~or~~ alive on May 10, 1959, death is said to have occurred on the date stated above, at 1:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE — INTERVAL BETWEEN ONSET AND DEATH

(a) Bronchopneumonia — ?

Due To (b) --

Due To (c) -----

OTHER SIGNIFICANT CONDITIONS Heart failure — ?

Was autopsy performed? no
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Guiomar Silveira, M. D.
(Address) Met. State Hosp. Date May 10, 59

6 Holyhood Cemetery Brookline
Place of Burial or Cremation (City or Town)
DATE OF BURIAL May 15 1959

7 NAME OF FUNERAL DIRECTOR D. J. O'Connor & Son
ADDRESS 1558 Tremont St. Roxbury

Received and filed JUL 6 1959 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR White
10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Charles Lundgren
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years ? Months ? Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. Cannot learn

16 BIRTHPLACE (City) Boston
(State or country) Massachusetts

PARENTS

17 NAME OF FATHER James M. White

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Mary E. Ross

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Massachusetts

21 Informant Records, Metropolitan State
(Address) Hosp. Waltham 54, Mass.

A TRUE COPY
ATTEST: James J. Carroll
(Registrar of City or Town where death occurred)

DATE FILED May 13, 1959

RECEIVED

JUL 26 1959

I R-301A

-THIS IS A
IENT RECORD.
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RUCTIONS
FOR
CERTIFICATE

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Chapter 137,
954, requires
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AP. 46, §§ 9 &
P. 114 §§ 45,
CAP. 38 § 6.)

10-58-923886

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 91

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 63 Walden St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Carla J. Adams
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 63 Walden St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 3 years months days. In place of residence 3 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 2 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 1958, 19 to June 2nd, 1959
I last saw her alive on June 1, 19 59, death is said to have occurred on the date stated above, at 3.30 AM.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Massive thrombocytopenic bleeding	2 days
Due To (b) Acute lymphocytic leukemia	1 year
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Bronchial pneumonia	

Was autopsy performed? No
What test confirmed diagnosis? Bone marrow biopsy

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [signature], M. D.
(Address) 136 Cambridge Boston Date 6/2 1959

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL June 4, 1959 19

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass.

Received and filed JUN 3 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR: White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 3 Years Months Days — If under 24 hours Hours Minutes

13 Usual Occupation: none
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS
17 NAME OF FATHER Charles Adams
18 BIRTHPLACE OF FATHER (City) Revere
(State or country) Mass
19 MAIDEN NAME OF MOTHER Joyce Carter
20 BIRTHPLACE OF MOTHER (City) Winthrop
(State or country) Mass

21 Informant Charles Adams
(Address) 63 Walden St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
[signature] M.D.
(Signature of Agent of Board of Health or other)
Health Officer 6/3/59
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE ..... RECEIVED .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

JUN 31 1959

RULES OF PRACTICE

The fulfillment of the purpose of these blanks calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

R-302

WHEN FILLED, WITH UNFAILING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-2-59-922072

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Cambridge (City or Town making this return)

92

Registered No. 770

1 PLACE OF DEATH: Middlesex (County); Cambridge (City or Town)

No. Mount Auburn Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy McDonald (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 35 Plummer Avenue St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years ....months 2 days. In place of residence ....years ....months ....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 5, 1959 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 3, 1959, to June 5, 1959, I last saw him alive on June 5, 1959, death is said to have occurred on the date stated above, at 12:05 p.m.

INTERVAL BETWEEN ONSET AND DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hyaline Membrane Disease

Due To (b) Delivery

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ralph A. Ross, M. D.

(Address) 41 Brattle St. Date 6/5/ 1959

6 Place of Burial or Cremation: Winthrop Cem. (City or Town) Winthrop

DATE OF BURIAL June 9, 1959

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby

ADDRESS Winthrop

Received and filed JUL 3 1959 19....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX	9 COLOR	10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)
Male	White	Single

10a If married, widowed, or divorced HUSBAND of ....(Give maiden name of wife in full)

(or) WIFE of ....(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE ....Years ....Months 2 ....Days | If under 24 hours ....Hours ....Minutes

13 Usual Occupation: ....(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Cambridge (State or country) Mass.

PARENTS

17 NAME OF FATHER Frank J. McDonald

18 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.

19 MAIDEN NAME OF MOTHER Louise Killian

20 BIRTHPLACE OF MOTHER (City) Salem (State or country) Mass.

21 Informant Frank McDonald (Address) 35 Plummer Ave. Winthrop

A TRUE COPY ATTEST: Frederick N. [illegible] (Registrar of City or Town where death occurred)

DATE FILED June 9, 1959

RECEIVED
JUL 3 1959 PM

1 R-301A

RUCTIONS FOR CERTIFICATE

giving OF DEATH

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ions contrib- death but not the terminal ndition given

Chapter 137, 954, requires ns to print or cause or f death on tificates.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 93

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 128 Terrace Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Christine M (Ross) Andren
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 128 Terrace Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 11 years months days. In place of residence 11 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 9th (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—

I last saw h— alive on —, 19—, death is said to have occurred on the date stated above, at 9:30 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Natural Causes	
Due To (b) Presumably Coronary Occlusion	sudden
Due To (c) Arteriosclerotic Heart Disease	10 yrs
OTHER SIGNIFICANT CONDITIONS —	—

Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Arthur C. Murray, M. D.

(Address) Winthrop Board of Health Date 10 June 1959

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL June 12 1959

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop, Mass

Received and filed JUN 11 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Ralph O Andren
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 54 Years 10 Months 7 Days — If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Westville
(State or country) Nova Scotia

PARENTS

17 NAME OF FATHER William Ross

18 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Flora MacMillan

20 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia

21 Informant Ralph O Andren
(Address) 128 Terrace Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Fernanner, M. D.
(Signature of Agent of Board of Health or other)

Health Officer 6/11/59
(Official Designation) (Date of Issue of Permit)

30M-5-56-917373

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

JUL 21 1959

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

Office copy

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 91

PLACE OF DEATH

1 Suffolk (County)
Winthrop (City or Town)
No. 190 Pleasant St (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jacob Glazier
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) WW I

(a) Residence. No. 2 Lawrence St. Chelsea
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months 1 days. In place of residence 63 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 10 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 2/17, 1959, to 6/7, 1959
I last saw him alive on 6/1, 1959, death is said to have occurred on the date stated above, at 2 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH 1/2 h

Due To (b) CORONARY HEART DISEASE

Due To (c)

OTHER SIGNIFICANT CONDITIONS MYOCARDIAL INFARCT

Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible], M. D.
(Address) 221 [illegible] Date 6/10 1959

6 TEMPLE ISRAEL Cem. Peabody
Place of Burial or Cremation (City or Town)
DATE OF BURIAL June 11 1959

7 NAME OF FUNERAL DIRECTOR Torf Funeral Service
ADDRESS 151 Washington St Chelsea

Received and filed JUN 11 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of Anna Gordon
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years ____ Months ____ Days — If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: Contractor
(Kind of work done during most of working life)

14 Industry or Business: Building

15 Social Security No. 013 28 6109

16 BIRTHPLACE (City) (State or country) Russia

PARENTS

17 NAME OF FATHER Kalman Glazier

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER CBS.

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant Dr. William Glazier
(Address) 190 Pleasant Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
[illegible]
(Signature of Agent of Board of Health or other)
Health Officer 6/11/59
(Official Designation) (Date of Issue of Permit)

1 R-301A

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RUCTIONS
FOR
CERTIFICATE

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Chapter 137,
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AP. 46, §§ 9 &
P. 114 §§ 45,
AP. 38 § 6.)

D-58-923886

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE 7/25/18

DATE OF DISCHARGE 1/29/19

RANK, RATING

ORGANIZATION AND OUTFIT Army

SERVICE NUMBER 3159989

D. M. Fuongo

RECEIVED JUN 11 1959

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

R-301A

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CERTIFICATE

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 95

PLACE OF DEATH

1 Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hodgkins, Edith May (Carter)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 381 Winthrop St., St. Bartlett New Hampshire
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years ___ months 9 days. In place of residence 7 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JUNE (Month) 12 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from FEB, 1954 to JUNE 12, 1959
I last saw her alive on JUNE 12, 1959, death is said to have occurred on the date stated above, at 3 30 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) CARCINOMA OF COMMON BILE DUCT & LIVER WITH (PROXIMAL)	approx. 6 mo.
Due To (b) RESULTANT OBSTRUCTION OF THE DUCT AND JAUNDICE	2 1/2 wks.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS GENERAL ARTERIO SCLERSIS	2 YRS

Was autopsy performed? No.
What test confirmed diagnosis? OPERATION

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) Myron N. King, M. D.
(Address) 222 Pleasant St Winthrop Date 6/12 1959

6 Woodlawn Cemetery Everett Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL June 15, 1959 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed JUN 15 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: female
9 COLOR: white
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word): married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of True Frank Hodgkins
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years 5 Months 25 Days
If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. 002-14-7717

16 BIRTHPLACE (City) North Conway
(State or country) New Hampshire

PARENTS
17 NAME OF FATHER William Solon Carter
18 BIRTHPLACE OF FATHER (City) North Conway
(State or country) New Hampshire
19 MAIDEN NAME OF MOTHER Ada Berry
20 BIRTHPLACE OF MOTHER (City) Conway
(State or country) New Hampshire

21 Informant Perry Jewell Hodgkins
(Address) 381 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph A. Sercanny M.D.
(Signature of Agent of Board of Health or other)
Health Officer 6/15/59
(Official Designation) (Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M.11.55-916145

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Chelsea (City or Town making this return)

Registered No. 273 96

1 PLACE OF DEATH
Suffolk (County)
Chelsea (City or Town)
No. U.S.Naval Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anne A.Oakes
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 31 Locust St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death — years — months 13 days. In place of residence 30 years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 13,1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 31, 19 59, to June 13, 19 59, I last saw he alive on June 13, 19 59, death is said to have occurred on the date stated above, at 5:30A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial infarction

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

INTERVAL BETWEEN ONSET AND DEATH

Was autopsy performed? yes
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H.O.Kretzschmar, LCDR MC, M. D.
(Address) USNH,Chelsea,Mass. Date 6/13/59, 19

6 Place of Burial or Cremation Winthrop Cem.,Winthrop,Mass. (City or Town)
DATE OF BURIAL June 16,1959, 19

7 NAME OF FUNERAL DIRECTOR John F.O'Malley
ADDRESS Atlantic St.,Winthrop,Mass.

Received and filed JUL 7 1959, 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR White
10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of James
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years 8 Months 3 Days
If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. cannot be learned

16 BIRTHPLACE (City) Ireland Free State
(State or country)

PARENTS

17 NAME OF FATHER Patrick Dooley

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Ellen Rice

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant M.Harrington (daughter)
(Address) Otis St.,Winthrop,Mass.

A TRUE COPY
ATTEST: Joseph A. Tyrrell
(Registrar of City or Town where death occurred)

DATE FILED June 15,1959, 19

RECEIVED

JUL 7 1959 AM

R-301A

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SOM-5-56-917573

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 97

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

Mount's Convalescent Home

No. 104 Highland Ave., St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Leondias C. Hammond
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 49 Trevalley Rd., St. Revere
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 2 months 21 days. In place of residence 60 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 14 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct., 1957, to June 14, 1959
I last saw him alive on June 14, 1959, death is said to have occurred on the date stated above, at 3:45 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arterio-sclerosis, cerebal — INTERVAL BETWEEN ONSET AND DEATH 24 yrs.

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Parkinson's Syndrome 5 yrs; Chronic Cystitis 1 yr.

Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles Liberman, M. D.
(Address) Winthrop, Mass Date 6/16/1959

6 Place of Burial or Cremation Holy Cross Malden (City or Town)
DATE OF BURIAL June 17, 1959 19

7 NAME OF FUNERAL DIRECTOR J. Vincent Murray
ADDRESS Revere.

Received and filed JUN 18 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male

9 COLOR white

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) widowed

10a If married, widowed, or divorced
HUSBAND of Annie J. Davis
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years Months Days — If under 24 hours Hours Minutes

13 Usual Occupation: salesman
(Kind of work done during most of working life)

14 Industry or Business: mens wear

15 Social Security No. 010-07-0695

16 BIRTHPLACE (City) (State or country) Nova Scotia

PARENTS

17 NAME OF FATHER Louis Hammond

18 BIRTHPLACE OF FATHER (City) (State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Margaret MacDonald

20 BIRTHPLACE OF MOTHER (City) (State or country) Nova Scotia

21 Informant Mary Hammond
(Address) 49 Trevalley Rd., Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter C. Sullivan, D.
(Signature of Agent of Board of Health or other)

Health Officer 6/16/59
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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R-301A

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 98

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. 241 WASHINGTON AVE St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARY E. (SULIVAN) ~~GALLAGHER~~ GALLAGHER.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 241 WASHINGTON AVE St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 45 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 15 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 11-12, 1955 to June 15, 1959
I last saw her alive on June 15, 1959, death is said to have occurred on the date stated above, at 4:10 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Bronchopneumonia (terminal)	24 hrs
Due To (b) Cerebrovascular hemorrhage	48 hrs
Due To (c) arteriosclerosis generalized	yrs.
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? NO
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph Fregone M. D.
(Address) 19 Washington Ave Date 6-16 1959

6 WINTHROP Place of Burial or Cremation WINTHROP (City or Town)
DATE OF BURIAL JUNE 18 1959

7 NAME OF FUNERAL DIRECTOR Maurice W. Tucky
ADDRESS WINTHROP

Received and filed JUN 18 1959 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE
9 COLOR WHITE
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) WIDOWED

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of JOHN J. GALLAGHER
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years.....Months.....Days. If under 24 hours .....Hours.....Minutes

13 Usual Occupation: HOME MAKER.
(Kind of work done during most of working life)

14 Industry or Business: HOUSE

15 Social Security No.

16 BIRTHPLACE (City) IRELAND
(State or country)

PARENTS
17 NAME OF FATHER PATRICK SULLIVAN
18 BIRTHPLACE OF FATHER (City) IRELAND
(State or country)
19 MAIDEN NAME OF MOTHER MARY MEARA
20 BIRTHPLACE OF MOTHER (City) IRELAND
(State or country)

21 Informant JOHN J. GALLAGHER JR
(Address) ~~241 WASH AVE WINTHROP~~

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph E. Turaney
(Signature of Agent of Board of Health or other)
Health Officer 6/16/59
(Official Designation) (Date of Issue of Permit)

V.B.V

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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50M-1-58-921876

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 99

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John H. Driscoll
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) WWI

(a) Residence. No. 19 Walker St., Somerville, Mass. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months 8 days. In place of residence 35 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 17 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 6-9-59, 19__, to 6-17, 1959
I last saw him alive on 6-17-59, 19__, death is said to have occurred on the date stated above, at 11.35 P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Myocardial heart disease	yrs
Due To (b) Arteriosclerosis, gen'l'zed	yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Coronary ischemia	

Was autopsy performed? No
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph Lacgorce, M. D.
(Address) 194 Washington (Date) 6-18-59, 19__

6 Place of Burial or Cremation Winthrop, Mass Holy Cross Cem. Malden (City or Town)
DATE OF BURIAL June 20, 1959

7 NAME OF FUNERAL DIRECTOR George L. Doherty Jr
ADDRESS 855 Broadway Som'l

Received and filed JUN 19 1959, 19__
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of MARY K O'KEEFE
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years ____ Months ____ Days
If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: Electrician
(Kind of work done during most of working life)

14 Industry or Business: Self Emp.

15 Social Security No. 017-28-2246

16 BIRTHPLACE (City) (State or country) Somerville, Mass.

PARENTS

17 NAME OF FATHER Cornelius Driscoll

18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Elizabeth Hurley

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

21 Informant
(Address) Wife as above

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Sweeney
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

6/19/59
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE 2-7-18

DATE OF DISCHARGE 9-22-19

RANK, RATING Elst Class U.S.N.R.

ORGANIZATION AND OUTFIT

SERVICE NUMBER 131-99-15

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

100

To be filed for burial permit with Board of Health or its Agent

Registered No. [redacted]

PLACE OF DEATH

1 Suffolk (County)
Winthrop (City or Town)

No. 103 Sargent St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ernest Cataldo
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 103 Sargent St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months ____ days. In place of residence 15 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 19, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from SEPT 1, 1958, to JUNE 19, 1959
I last saw him alive on JUNE 19, 1959, death is said to have occurred on the date stated above, at 2.50 P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) CORONARY THROMBOSIS	2 WEEKS
Due To (b) CORONARY ARTERY SCLEROSIS	1 YEAR
Due To (c) GENERALIZED ARTERIO-SCLEROSIS	15 YEARS
OTHER SIGNIFICANT CONDITIONS DIABETES MELLITUS	

Was autopsy performed? NO
What test confirmed diagnosis? E.C.G. TESTS

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles J. Cataldo, M. D.
(Address) 48 Byron St. BOSTON MASS Date JUNE 21 1959

6 Place of Burial or Cremation Holy Cross Cemetery Malden (City or Town)
DATE OF BURIAL June 23, 1959

7 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed JUL 7 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male
9 COLOR white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) married

10a If married, widowed, or divorced HUSBAND of Carmella Carbone
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years ____ Months ____ Days. If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: Retired
(Kind of work done during most of working life)

14 Industry or Business: *******

15 Social Security No. Unknown

16 BIRTHPLACE (City) (State or country) Italy

PARENTS

17 NAME OF FATHER Domenic Cataldo

18 BIRTHPLACE OF FATHER (City) (State or country) Italy

19 MAIDEN NAME OF MOTHER Gaetana (unknown)

20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant Helen Cataldo
(Address) 55 Banks St., Winthrop, Mass.

I HEREBY CERTIFY that the foregoing standard certificate of death was filed with me on [illegible] permit was issued:

[illegible] Rogerson
(Official Designation) (Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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JUL 1 1959

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-2-59-922072

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return) Cambridge

COPY OF CERTIFICATE OF DEATH

Registered No. 818 101

PLACE OF DEATH
1 Middlesex (County)
Cambridge (City or Town)

No. Holy Ghost Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Lowther (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 71 Paine Street St. Winthrop, Massachusetts
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years 1 months 1 days. In place of residence ....years ....months ....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 21, 1959 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 20, 1959 to June 21, 1959 I last saw h. alive on June 21, 1959, death is said to have occurred on the date stated above, at 10:45 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of rectum with

Due To (b) liver metastases

Due To (c)

OTHER SIGNIFICANT CONDITIONS

INTERVAL BETWEEN ONSET AND DEATH

Was autopsy performed? no
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....

(Signed) Philip J. Landry, Jr., M. D.
(Address) Holy Ghost Hospital Date 6/22 1959

6 Place of Burial or Cremation Holy Cross Cemetery (City or Town) Malden
DATE OF BURIAL June 25th 1959

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby, Inc.
ADDRESS 917 Bennington St. E. Boston

Received and filed JUL 3 1959 19....
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F
9 COLOR W
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of ....
(Give maiden name of wife in full)
(or) WIFE of ....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 57 Years 11 Months 7 Days | If under 24 hours ....Hours ....Minutes

13 Usual Occupation: At Home
(Kind of work done during most of working life)

14 Industry or Business: none

15 Social Security No. none

16 BIRTHPLACE (City) Chelsea
(State or country) Mass.

PARENTS

17 NAME OF FATHER John F. Lowther

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Cecelia E. Doherty

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

21 Informant Miss Grayce L. Lowther-sis
(Address) 71 Paine St. Winthrop

A TRUE COPY
ATTEST: [illegible]
(Registrar of City or Town where death occurred)

DATE FILED June 22, 1959

RECEIVED

JUL 3 1959 PM

MEDICAL EXAMINER CALLED & DECLINED JURISDICTION

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 102

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine Tarone
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 23 Waldemar Ave., St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months ____ days. In place of residence ____ years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JUNE (Month) 23 (Day) 1959. (Year)

4 I HEREBY CERTIFY, That I attended deceased from JAN 28, 1957, to JUNE 23, 1959

I last saw her alive on JUNE 23, 1959, death is said to have occurred on the date stated above, at 3 15A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) ACUTE PULMONARY EDEMA	8 HRS.
Due To (b) ARTERIO-SCLEROTIC AND HYPERTENSIVE HEART DIS.	3 YRS
Due To (c)	
OTHER SIGNIFICANT CONDITIONS NONE	

Was autopsy performed? NO

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) Myron N. King, M. D.

(Address) 222 Pleasant St. Winthrop Date JUNE 23 1959

6 New Calvary Cemetery, Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 26, 1959

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano

ADDRESS 147 Winthrop St., Winthrop

Received and filed JUN 23 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female

9 COLOR white

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years. 4 Months 27 Days

If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: At home
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) (State or country) England

PARENTS

17 NAME OF FATHER Information Unavailable

18 BIRTHPLACE OF FATHER (City) Information Unavailable
(State or country)

19 MAIDEN NAME OF MOTHER Catherine Swift

20 BIRTHPLACE OF MOTHER (City) Wales
(State or country) England

21 Informant Edward J. Mahoney
(Address) 27 Hoy Ter. Milton

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Sullivan M.D.
(Signature of Agent of Board of Health or other)

Health Officer 6/23/59
(Official Designation) (Date of Issue of Permit)

V.B.

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section nne, where same was contracted, the duration nf his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes nf this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 103

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine Corcoran Welsh
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 12 Prescott St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 1 days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 6 (Month) 23 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 6/22, 1959, to 6/23, 1959
I last saw her alive on 6/23, 1959, death is said to have occurred on the date stated above, at 12.30P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ARTERIO-SCLEROTIC HEART DISEASE - HYPERTENSION

Due To (b)

Due To (c) GENERALIZED ARTERIO SCLEROSES

OTHER SIGNIFICANT CONDITIONS

INTERVAL BETWEEN ONSET AND DEATH: 1 DAY; 10 yrs

Was autopsy performed? O
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? O
If so, specify

(Signed) Fred O'Regan, M. D.
(Address) 113 Pleasant St Winthrop Date 6/23 1959

6 St. JOSEPHS BOSTON
Place of Burial or Cremation (City or Town)
DATE OF BURIAL JUNE 26 1959

7 NAME OF FUNERAL DIRECTOR Maurice W Kirby
ADDRESS WINTHROP

Received and filed JUN 25 1959 19 ....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: F
9 COLOR: wh
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widow

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of JOHN F WELSH
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years ..... Months ..... Days; If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: HOME
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. NONE

16 BIRTHPLACE (City) (State or country) IRELAND

PARENTS
17 NAME OF FATHER CORNELIUS CORCORAN
18 BIRTHPLACE OF FATHER (City) (State or country) IRELAND
19 MAIDEN NAME OF MOTHER MARGARET O CONNOR
20 BIRTHPLACE OF MOTHER (City) (State or country) IRELAND

21 Informant MISS ALICE WELSH
(Address) 12 PRESCOTT ST. WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Gabriel C. Lorenzo
(Signature of Agent of Board of Health or other)
Health Officer 6/25/59
(Official Designation) (Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to he held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 101

1 PLACE OF DEATH: SUFFOLK (County) WINTHROP (City or Town)

No. 23 ELLIOT ST. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME GRAYCE J FLAHERTY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 23 ELLIOT ST St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence 36 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 24 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug, 1948, to 24 June, 1959
I last saw her alive on 24 June, 1959, death is said to have occurred on the date stated above, at 11:00 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Coronary Occlusion	24 hours
Due To (b) Hypertensive Heart Disease	20 yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus	6 yrs

Was autopsy performed? no
What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) Arthur C. Murray M. D.
(Address) Winthrop, Mass. Date 25 June 1959

6 Place of Burial or Cremation ST BERNARDS (City or Town) FITCHBURG
DATE OF BURIAL JUNE 29 1959

7 NAME OF FUNERAL DIRECTOR Minnie M. Finley
ADDRESS WINTHROP

Received and filed JUN 29 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE
9 COLOR WHITE
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) SINGLE

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years ..... Months ..... Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: TEL.
(Kind of work done during most of working life)

14 Industry or Business: TEL OPERATOR

15 Social Security No. NOT KNOWN

16 BIRTHPLACE (City) FITCHBURG
(State or country) MASS

PARENTS

17 NAME OF FATHER BERNARD H.

18 BIRTHPLACE OF FATHER (City) FITCHBURG
(State or country) MASS

19 MAIDEN NAME OF MOTHER SUSAN O HARA

20 BIRTHPLACE OF MOTHER (City) FITCHBURG
(State or country) MASS.

21 Informant EDWARD FLAHERTY
(Address) FITCHBURG MASS

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph E. Lorenzo
(Signature of Agent of Board of Health or other)
Health Officer 6/26/59
(Official Designation) (Date of Issue of Permit)

50M-5-57-920345

V.Hv

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. .These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs of poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

JUN 19 1946

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 105

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Comm Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Freida Sheldon
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 190 River Road, Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years ___ months 3 days. In place of residence ? years - months - days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 25 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ___, 1941, to June 25, 1959
I last saw her alive on June 25, 1959, death is said to have occurred on the date stated above, at 5:20 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Hemorrhage from duodenal ulcer	2 days
Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Malnutrition	6 months

Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles Liberman M. D.
(Address) Winthrop, Mass Date 6/25/1959

6 Oakhill Roc Melrose
Place of Burial or Cremation (City or Town)
DATE OF BURIAL June 26 1959

7 NAME OF FUNERAL DIRECTOR Joy Funeral Service Inc
ADDRESS Chelsea

Received and filed JUN 25 1959 19___
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR White
10 ~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~or DIVORCED~~ (write the word) Married

10a If married, widowed, or divorced HUSBAND of Albert Sheldon
(Give maiden name of wife in full)
(or) WIFE of ___
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 44 Years 8 Months 15 Days | If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Everett
(State or country) Mass.

PARENTS
17 NAME OF FATHER Charles Dorris
18 BIRTHPLACE OF FATHER (City) Russia
(State or country)
19 MAIDEN NAME OF MOTHER Rose Butler
20 BIRTHPLACE OF MOTHER (City)
(State or country) Russia

21 Informant Albert Sheldon
(Address) 190 River Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter E. Freeman
(Signature of Agent of Board of Health or Other)
Health Officer 6/25/59
(Official Designation) (Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 106

1 PLACE OF DEATH: SUFFOLK (County) — WINTHROP (City or Town)

No. 149 LINCOLN ST St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME NELLIE E CUMMINGS
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 149 LINCOLN ST St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months ____ days. In place of residence 20 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 27, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__

I last saw h__ alive on ____, 19__, death is said to have occurred on the date stated above, at Approx 6 m.

INTERVAL BETWEEN ONSET AND DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Death was due to

Due To (b) natural causes.

Due To (c) Winthrop Board of Health.

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles Lieberman, M. D.

(Address) Winthrop Date 6/29/1959

6 HOLY CROSS MALDEN
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JUNE 30 1959

7 NAME OF FUNERAL DIRECTOR Maurice H Kirby

ADDRESS WINTHROP

Received and filed JUN 29 1959 19__

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE

9 COLOR WHITE

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) SINGLE

10a If married, widowed, or divorced
HUSBAND of ____
(Give maiden name of wife in full)

(or) WIFE of ____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years ____ Months ____ Days — If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: BOX MAKER
(Kind of work done during most of working life)

14 Industry or Business: PAPER BOX FACTORY

15 Social Security No. NONE

16 BIRTHPLACE (City) EAST BOSTON
(State or country) MASS

PARENTS

17 NAME OF FATHER EDWARD F CUMMINGS

18 BIRTHPLACE OF FATHER (City) IRELAND
(State or country)

19 MAIDEN NAME OF MOTHER CATHERINE BROWN

20 BIRTHPLACE OF MOTHER (City) IRELAND
(State or country)

21 Informant FLORENCE CUMMINGS
(Address) 149 LINCOLN ST WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Swanny
(Signature of Agent of Board of Health or other)

Health Officer June 29/59
(Official Designation) (Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 107

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

No. 176 Circuit Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Minnie Adelaide (Douglas) Remby
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 176 Circuit Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 35 years ___ months ___ days. In place of residence ___ years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 27 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ___, 1952, to 27 June, 1959.
I last saw her alive on 22 June, 1959, death is said to have occurred on the date stated above, at 7 P.M. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

	INTERVAL BETWEEN ONSET AND DEATH
(a) Carcinoma of Stomach	2 yrs
Due To (b)	—
Due To (c)	—
OTHER SIGNIFICANT CONDITIONS Generalized Arteriosclerosis	yrs

Was autopsy performed? no
What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Arthur C. Murray, M. D.
(Address) Winthrop Date 29 June, 1959

6 Place of Burial or Cremation: Winthrop Cemetery Winthrop (City or Town) Mass.
DATE OF BURIAL June 30, 1959, 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed JUN 29 1959, 19
John A. Clark (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: female
9 COLOR: white
10 SINGLE / MARRIED / WIDOWED / DIVORCED (write the word): widowed

10a If married, widowed, or divorced
HUSBAND of ___ (Give maiden name of wife in full)
(or) WIFE of Joshua Remby (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 90 Years 2 Months 26 Days; If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: housewife (Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Moncton (State or country) New Brunswick-Canada

PARENTS

17 NAME OF FATHER Edwin Douglas

18 BIRTHPLACE OF FATHER (City) Prince Edward Island (State or country) Canada

19 MAIDEN NAME OF MOTHER Hettie Cook

20 BIRTHPLACE OF MOTHER (City) Prince Edward Island (State or country) Canada

21 Informant William E. Remby
(Address) 40 Howard Avenue, Lynnfield

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter C. Sullivan
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 6/29/59 (Date of Issue of Permit)

50M-1-58-921876

V.f.v

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, (c. L.)

25M-2-58-922072

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Danvers (City or Town making this return)

Registered No. 108

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital, Hathorne St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Valliere (Sullivan)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. (Usual place of abode) No. 7 Temple Avenue, Winthrop, Mass. St.
(If nonresident, give city or town and State)

Length of stay: In place of death ....years....months 6 days. In place of residence ....years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 20, (Day) 1959 (Year)

4 I HEREBY CERTIFY That I attended deceased from June 14, 59 to June 20, 59, 19.... I last saw h....alive on June 20, 59, 19...., death is said to have occurred on the date stated above, at 8:45a. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH yrs.
Due To (b)
Due To (c)
OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? no
What test confirmed diagnosis? Clinical&Laboratory

5 Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....

(Signed) Andrew Nichols, III M. D.
(Address) Hathorne, Mass. Date 6/20/59 19....

6 Place of Burial or Cremation Winthrop Cemetery-Winthrop, Mass. (City or Town)
DATE OF BURIAL June 25, 1959 19....

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed July 15 19 59
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of ....
(Give maiden name of wife in full)
(or) WIFE of Horace Valliere
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 7 Months 29 Days — If under 24 hours ....Hours....Minutes

13 Usual Occupation: Unable to work
(Kind of work done during most of working life)

14 Industry or Business: ....

15 Social Security No. unk.

16 BIRTHPLACE (City) Gardner, (State or country) Mass.

PARENTS
17 NAME OF FATHER Patrick J. Sullivan
18 BIRTHPLACE OF FATHER (City) Unk. (State or country) Ireland
19 MAIDEN NAME OF MOTHER Mary Connor
20 BIRTHPLACE OF MOTHER (City) Unk. (State or country) Vermont

21 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY
ATTEST: Daniel J. Toomey
(Registrar of City or Town where death occurred)

DATE FILED June 24, 1959 19....

RECEIVED

JUL 15 1959 AM

R-303 A

X

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 109

No. 80 Ingleside Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anthony L. Monti
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) WW #1

(a) Residence. No. 80 Ingleside Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 45 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 5 (Day) 1959 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

ACUTE PULMONARY EDEMA
ARTERIOSCLEROTIC HEART DISEASE

5 Accident, suicide, or homicide (specify) .....

Date and hour of injury .....19.....

Where did Injury occur? .....
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? .....
(Specify type of place)

Manner of Injury .....
(How did injury occur?)

Nature of Injury .....

While at work? ..... Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Michael Luongo, M. D.

(Address) Boston Date 7 5 19 59

7 Winthrop Winthrop
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL July 8 19 59

8 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop Mass

Received and filed JUL 7 1959 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX	10 COLOR OR RACE	11 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)
Male	White	Married

11a If married, widowed, or divorced HUSBAND of Marion Mulloy
(Give maiden name of wife in full)

(or) WIFE of .....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 72 Years.....Months.....Days | If under 24 hours .....Hours.....Minutes

14 Usual Occupation: Retired Sheet Metal Worker
(Kind of work done during most of working life)

15 Industry or Business: U. S. Naval Shipyard

16 Social Security No. .....

17 BIRTHPLACE (City) (State or country) Italy

PARENTS

18 NAME OF FATHER Cannot be learned

19 BIRTHPLACE OF FATHER (City) (State or country) Italy

20 MAIDEN NAME OF MOTHER Cannot be learned

21 BIRTHPLACE OF MOTHER (City) (State or country) Italy

22 Informant Marion M. Monti
(Address) 80 Ingleside Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Lerianno D.
(Signature of Agent of Board of Health or other)

Health Officer 7/7/59
(Official Designation) (Date of Issue of Permit)

V.B. 1

25M-8-57-920750

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician of officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1)Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE 6-4-17

DATE OF DISCHARGE 6-3-21

RANK, RATING Coxswain

ORGANIZATION AND OUTFIT U.S.N.R.

SERVICE NUMBER

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 110

PLACE OF DEATH

1 Suffolk (County)
Winthrop (City or Town)
No. Winthrop C mm. Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna Marie ~~Ann~~ Westlin ~~nee~~ (Cousins)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 3 Elmer Ave. Winthrop, Mass St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 4 years 9 months days. In place of residence 52 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 7 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 5-20 er, 1955, to 7-7, 1959, I last saw her alive on July 7, 1959, death is said to have occurred on the date stated above, at 7.55 PM m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Metastatic Carcinoma	2 yrs.
Due To (b) Carcinoma of rt. breast	5 yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? No! X-ray & Pathology Report
What test confirmed diagnosis?
5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) John F. Celuis M.D.
(Address) Revere Mass Date 7-8 1959

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL July 10, 1959

7 NAME OF FUNERAL DIRECTOR J. Vincent Murray
ADDRESS Revere Mass.

Received and filed JUL 9 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Fritz E. Westlin
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years Months Days | If under 24 hours Hours Minutes

13 Usual Occupation: cashier
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 010-32-7914

16 BIRTHPLACE (City) (State or country) Boston Mass.

PARENTS

17 NAME OF FATHER Edward Cousins

18 BIRTHPLACE OF FATHER (City) (State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Mary Coleman

20 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

21 Informant Fritz E. Westlin
(Address) 3 Elmer Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Swanner
(Signature of Agent of Board of Health or other)
Health Offices 7/9/59
(Official Designation) (Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

JUL 1 1 1947

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 111

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Mount's ~~Rest~~ Convalescent Home ~~104 Highland Ave~~ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine J. McHugh
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 41 Atlantic St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 22 days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 11, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from May 21, 1959, to July 11, 1959. I last saw her alive on July 6, 1959, death is said to have occurred on the date stated above, at 6:05 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Myocardial Heart Disease	yrs
Due To (b) Arteriosclerosis generalized	yrs
Due To (c) Senility	yrs
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph Gregoire, M. D.
(Address) 194 Washington St Date 7-11 1959

6 Calvary Boston
Place of Burial or Cremation (City or Town)
DATE OF BURIAL July 15 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed July 15, 1959
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Henry P. McHugh
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 94 Years Months Days — If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) London
(State or country) England

PARENTS

17 NAME OF FATHER James Clarke

18 BIRTHPLACE OF FATHER (City) London
(State or country) England

19 MAIDEN NAME OF MOTHER Mary Graham

20 BIRTHPLACE OF MOTHER (City) London
(State or country) England

21 Informant Helen M. Clarke
(Address) 41 Atlantic St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Swanner, D
(Signature of Agent of Board of Health or other)
Health Officer 7/13/59
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war; and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301A

–THIS IS A
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RUCTIONS
FOR
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Chapter 137,
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AP. 46, §§ 9 &
AP. 114 §§ 45,
HAP. 38 § 6.)

10-58-923888

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 111

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Mount's ~~Rest~~ Convalescent Home ~~104 Highland Ave~~ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine J. McHugh
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 41 Atlantic St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 22 days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 11, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 21, 1959, to July 11, 1959
I last saw her alive on July 6, 1959, death is said to have occurred on the date stated above, at 6:25 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

		INTERVAL BETWEEN ONSET AND DEATH
(a)	Myocardial Heart Disease	yrs
Due To (b)	Arteriosclerosis generalized	yrs
Due To (c)	Senility	yrs
OTHER SIGNIFICANT CONDITIONS		

Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph Gregoire, M. D.
(Address) 194 Washington St. Date 7-11 1959

6 Calvary Place of Burial or Cremation Boston (City or Town)
DATE OF BURIAL July 15 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed July 15, 1959
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX	9 COLOR	10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)
Female	White	Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Henry P. McHugh
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 94 Years Months Days — If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) London
(State or country) England

PARENTS

17 NAME OF FATHER James Clarke

18 BIRTHPLACE OF FATHER (City) London
(State or country) England

19 MAIDEN NAME OF MOTHER Mary Graham

20 BIRTHPLACE OF MOTHER (City) London
(State or country) England

21 Informant Helen M. Clarke
(Address) 41 Atlantic St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Jeremiah M.D.
(Signature of Agent of Board of Health or other)
Health Officer 7/13/59
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED
JUL 15 1959

M R-303 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for additional information. See also Chap. 38, §§ 6, 20; Chap. 46, §§ 9, 10; Chap. 114, §§ 44-48.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-3-59-924934

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 112

1 PLACE OF DEATH: SUFFOLK (County); ~~BOSTON~~ Winthrop (City or Town)

WINTHROP COMMUNITY HOSPITAL No. ..... St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME SAMUEL BARON
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 36 Summit Avenue St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months 10 days. In place of residence 30 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 13, (Day) 1959 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

CEREBRAL HEMORRHAGE
HYPERTENSIVE + ARTERIOSCLEROTIC HEART DISEASE — FRACTURE OF FEMUR

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury 7/9 19 59

IF ACCIDENTAL, was injury causally related to the death? .....

Where did Injury occur? Winthrop (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? Hospital (Specify type of place)

Manner of Injury Fall from bed (How did injury occur?)

Nature of Injury Fracture of femur

While at work? No Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Michael A. Luongo, M. D.
Michael A. Luongo, M.D. (Print or Type Signature)

(Address) Boston Date 7/13 19 59

7 Tifereth Israel, Everett (Place of Burial, or Cremation. (City or Town))

DATE OF BURIAL July 13, 19 59

8 NAME OF FUNERAL DIRECTOR Arnold Golov

ADDRESS 1668 Beacon St. Brookline

Received and filed July 15, 19 59

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX	10 COLOR	11 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)
Male	White	Married

11a If married, widowed, or divorced HUSBAND of Ethel Groman (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 73 Years....Months....Days If under 24 hours ....Hours ....Minutes

14 Usual Occupation: Grocery Store (Kind of work done during most of working life)

15 Industry or Business: Proprietor

16 Social Security No. 019-28-6137

17 BIRTHPLACE (City) (State or country) Lithuania

PARENTS

18 NAME OF FATHER Harris Baron

19 BIRTHPLACE OF FATHER (City) (State or country) Lithuania

20 MAIDEN NAME OF MOTHER (Unknown)

21 BIRTHPLACE OF MOTHER (City) (State or country) Lithuania

22 Informant David Groman
(Address) 222 Grovers Ave, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Swann M.D.
(Signature of Agent of Board of Health or other)

Health Officer 7/13/59
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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RECEIVED

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a collision of railroad train and automobile." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic for (enter name of operation and disease or condition requiring surgery)." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 113

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. ~~104 Highland Ave.~~ Mount's Convalescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Wilhelmina Koerner
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. (Usual place of abode) No. 104 Highland Ave. St.
(If nonresident, give city or town and State)

Length of stay: In place of death 7 years ___ months ___ days. In place of residence 7 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 14 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1956, to July 14, 1959
I last saw her alive on July 9, 1959, death is said to have occurred on the date stated above, at 8:30 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Arteriosclerotic heart disease	3 yrs
Due To (b) Generalized arteriosclerosis	5 yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Complete nerve deafness Chronic emphysema & bronchitis. Blindness	

Was autopsy performed? no
What test confirmed diagnosis? Clinical & laboratory
5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Dr Transfeld, Jr., M. D.
(Address) 73 Bartlett Rd. Date July 14 1959

6 Place of Burial or Cremation Forrest Hills Boston (City or Town)
DATE OF BURIAL July 16 1959

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed July 15, 1959
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 94 Years 3 Months 12 Days
If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: none
(Kind of work done during most of working life)

14 Industry or Business: none

15 Social Security No. none

16 BIRTHPLACE (City) Wheeling
(State or country) West Virgina

PARENTS

17 NAME OF FATHER Antone Koerner

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth ---------

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

21 Informant Records O.A.A.
(Address) Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Sullivan M.D.
(Signature of Agent of Board of Health or other)

Health Officer 7/15/59
(Official Designation) (Date of Issue of Permit)

30M-5-56-917373

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

JUL 15 1959 PM
RECEIVED

R-301A

RUCTIONS FOR CERTIFICATE giving OF DEATH ot enter than one for each (b) and (c)

oes not mean of dying, heart failure, tc. It means e, or compli- which caused

ss, if any, ave rise to cause (a), the under- cause last.

ons contrib- death but not the terminal ndition given

Chapter 137, 954, requires s to print or cause or death on tificates.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 111

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 132 Herman Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Bernadette Morgan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 132 Herman Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years ___ months ___ days. In place of residence 80 years 8 months 26 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 16 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ___, 19__, to ___, 19__

I last saw h alive on ___, 19__, death is said to have occurred on the date stated above, at 5 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE — INTERVAL BETWEEN ONSET AND DEATH

(a) Natural Causes —

Due To (b) Hypertension — years

Due To (c) Cardiovascular-Renal Disease — years

OTHER SIGNIFICANT CONDITIONS —

Was autopsy performed? no

What test confirmed diagnosis? post-mortem judgement

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Arthur C. Murray M. D.

(Address) Winthrop Board of Health Date 17 June 1959

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 20, 1959 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop,

Received and filed JUL 22 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: female

9 COLOR: white

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years 8 Months 26 Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: home maker
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Winthrop (State or country) Mass.

PARENTS

17 NAME OF FATHER William Morgan

18 BIRTHPLACE OF FATHER (City) (State or country) Wales

19 MAIDEN NAME OF MOTHER Ellen Maloney

20 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

21 Informant Atty. James E. Bagley, Jr.
(Address) 230 Salem St. Lynnfield, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Mass. Ralph C. Swanson
(Signature of Agent of Board of Health or other)

Health Officer 7/17/59
(Official Designation) (Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused hy violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians; see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

JUL 22 1959 M

I R-301A

UCTIONS FOR CERTIFICATE

giving OF DEATH

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oes not mean of dying, heart failure, tc. It means , or compli- which caused

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Chapter 137, 954, requires s to print or cause or f death on tificates.

Summer Declined M.M.

50M-5-57-920345

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 115

PLACE OF DEATH

1 Suffolk (County)
Winthrop (City or Town)
No. 30 TEWKSBURY STREET St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fannie Kaplow (Cohen)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 30 Tewksbury Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 37 years ... months ... days. In place of residence ... years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 21 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—
I last saw h— alive on —, 19—, death is said to have occurred on the date stated above, at 7:25 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE — INTERVAL BETWEEN ONSET AND DEATH

(a) Natural Causes —

Due To (b) Presumably Coronary Occlusion — Sudden 12 hours

Due To (c) Hypertensive Cardiovascular Disease — 5 years

OTHER SIGNIFICANT CONDITIONS —

Was autopsy performed? no
What test confirmed diagnosis? post-mortem judgement

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Arthur C. Murray, M. D.
Winthrop Board of Health Date 21 July 1959

6 Place of Burial or Cremation JEWISH DEED HOLDERS, EVERETT (City or Town)
DATE OF BURIAL July 23. 1959

7 NAME OF FUNERAL DIRECTOR BENJ. F. SOLOMON
ADDRESS 420 HARVARD ST. BROOKLINE

Received and filed JUL 22 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE
9 COLOR WHITE
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) WIDOWED

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of ISIDOR KAPLOW
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years ... Months ... Days — If under 24 hours ... Hours ... Minutes

13 Usual Occupation: HOUSE WIFE
(Kind of work done during most of working life)

14 Industry or Business: NONE

15 Social Security No. NONE

16 BIRTHPLACE (City) (State or country) LITHUANIA

PARENTS

17 NAME OF FATHER BERYL COHEN

18 BIRTHPLACE OF FATHER (City) (State or country) LITHUANIA

19 MAIDEN NAME OF MOTHER (UNKNOWN)

20 BIRTHPLACE OF MOTHER (City) (State or country) LITHUANIA

21 Informant GERTRUDE PORTNOY
(Address) 51 DEHON ST. REVERE

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Murray M.D.
(Signature of Agent of Board of Health or other)
Health Officer 7/22/59
(Official Designation) (Date of Issue of Permit)

V.I. V

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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RECEIVED

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RUCTIONS
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AP. 46, §§ 9 &
AP. 114 §§ 45,
IAP. 38 § 6.)

0-58-923886

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 116

PLACE OF DEATH

1 (County) _____

Winthrop
(City or Town)

No. Mount's ~~Nursing~~ Convalescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emma Sylvester
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. ~~105~~ 104 Highland Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years months days. In place of residence 46 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 27 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug, 1940, to July 27, 1959
I last saw h alive on July 27, 1959, death is said to have occurred on the date stated above, at 1:00 P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Bronchopneumonia	3 days
Due To (b) Arterio Sclerosis	10 yrs
Due To (c)	

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) G. W. Hickinbotham, M. D.
(Address) 3 Commercial St. Date July 28, 1959

6 Place of Burial & Cremation Newton Cemetery, Newton, Mass. (City or Town)
DATE OF BURIAL July 30 1959

7 NAME OF FUNERAL DIRECTOR J. P. Mackay
ADDRESS 26 Centre Ave., Newton, Mass.

Received and filed JUL 28 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 90 Years 7 Months 25 Days
If under 24 hours Hours Minutes

13 Usual Occupation: At home
(Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. None

16 BIRTHPLACE (City) Newton, Mass.
(State or country)

PARENTS

17 NAME OF FATHER Austin T. Sylvester William H. Park, Jr.

18 BIRTHPLACE OF FATHER (City) Saxonville Dorchester, Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Emma Jane C. Spear Nancy Jane Evans

20 BIRTHPLACE OF MOTHER (City) Boston, Mass.
(State or country)

21 Informant Mrs. Theodosia Batstone
(Address) Kent, Connecticut

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter E. Swanson
(Signature of Agent of Board of Health or other)

Health Officer 7/28/59
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RECEIVED
JUL 28 1959

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED
JUL 30 1959 AM

(Registrar) (Official Designation) (Date of Issue of Permit)

MONTE G. BASBAS
CITY CLERK

City of Newton, Massachusetts

Founded 1630 *Incorporated a City 1873*

City Hall

1000 Commonwealth Avenue, Newton Centre 59

TELEPH
BIGELOW

July 28, 1959

TO WHOM IT MAY CONCERN:

The Birth Records of this office show the following:

Emma Amelia Sylvester Born Dec. 2, 1868

Born Emma Amelia Park.
Adopted March 22, 1892 by Austin T. and Emeline C. Sylvester of Newton.

Very truly yours,

Monte G. Basbas

MONTE G. BASBAS
CITY CLERK

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 117

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret T. Barter Fitzpatrick (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 63 Summit Ave. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years ___ months 3 days. In place of residence 50 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 28 (Day) 1959 (Year)

4 I HEREBY CERTIFY That I attended deceased from Oct. 19 54 to July 28 1959

I last saw her alive on July 28 1959, death is said to have occurred on the date stated above, at 7:50 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebro Vascular Arterial Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8 days

Due To (b) Hypertensive and Cerebral Arteriosclerosis — 3 yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS: Diabetes Mellitus — 10 yrs

Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles Liberman M. D.

(Address) Winthrop, Mass Date 7/28/ 1959

6 Winthrop (Place of Burial or Cremation) Winthrop (City or Town)

DATE OF BURIAL July 31 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop Mass.

Received and filed JUL 30 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female

9 COLOR: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced HUSBAND of ___ (Give maiden name of wife in full)

(or) WIFE of Timothy J. Barter (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years ___ Months ___ Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Boston (State or country) Mass

PARENTS

17 NAME OF FATHER William J. Fitzpatrick

18 BIRTHPLACE OF FATHER (City) (State or country) Ireland

19 MAIDEN NAME OF MOTHER Ann Dunn

20 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

21 Informant Anna Leary (Address) 63 Summit Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Freeman (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 7/30/59 (Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6 ; as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chapr 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 318

PLACE OF DEATH

1 Suffolk (County)

Winthrop Mass (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Josephine Dalton
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 71 Waldemar Ave St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..years..months 22 days. In place of residence 5 years..months..days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 28 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec, 1958, to July 28, 1959
I last saw her alive on July 28, 1959, 19..., death is said to have occurred on the date stated above, at 1.15 PM.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: Months

Due To (b) Carcinoma of ovaries

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph Gregoire, M. D.
(Address) 179 Washington Date 7-28 1959

6 St. Josephs Boston, Mass
Place of Burial or Cremation (City or Town)
DATE OF BURIAL July 31 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed JUL 30 1959 19...
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 59 Years..Months..Days — If under 24 hours ..Hours..Minutes

13 Usual Occupation: Retired School Teacher
(Kind of work done during most of working life)

14 Industry or Business: Boston School Dept

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

17 NAME OF FATHER Edward Dalton

18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Ellen McDonald

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

21 Informant Mrs Helen Daley
(Address) 71 Waldemar Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Lucaunyt
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 7/30/59 (Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

JUL 30 1946

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 119

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop COmm. Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frederick Almeida
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) /

(a) Residence. No. 309 Lexington St. E. Boston, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 15 days. In place of residence X years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 29 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 14, 1959 to July 29, 1959, 19..
I last saw him alive on 7-29-59, 19.., death is said to have occurred on the date stated above, at 1.07 PM m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Pulmonary infarction rt. b	4 hrs
Due To (b) Rt. bundle branch block	24 hrs
Due To (c) Ca. of sigmoid	? yr.
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? No
What test confirmed diagnosis? Surgery

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) John Chotovella rd M. D.
(Address) 305 Chelsea St. E. B. Date 7-29-59, 19..

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Aug 1 1959

7 NAME OF FUNERAL DIRECTOR George F. Corta
ADDRESS 257 Crescent St. Lynn

JUL 31 1959

Received and filed ..... 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M

9 COLOR White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) Married

10a If married, widowed, or divorced HUSBAND of Isabelle PERRY (Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years 4 Months 22 Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Police Officer
(Kind of work done during most of working life)

14 Industry or Business: Station 7 E. Boston

15 Social Security No. .....

16 BIRTHPLACE (City) East Boston, Mass
(State or country)

PARENTS

17 NAME OF FATHER Frank Almeida

18 BIRTHPLACE OF FATHER (City) Azores
(State or country)

19 MAIDEN NAME OF MOTHER Gloria Sousa

20 BIRTHPLACE OF MOTHER (City) Azores
(State or country)

21 Informant Isabell Almeida
(Address) 309 Lexington St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Stevens
(Signature of Agent of Board of Health or other)

Health Officer 7/30/59
(Official Designation) (Date of Issue of Permit)

60M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE 8/29/18

DATE OF DISCHARGE 12/23/18

RANK, RATING Private

ORGANIZATION AND OUTFIT 4th Co 1st Rec Bn - 151st Depot Brigade

SERVICE NUMBER 4189633

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. 114 §§ 45,
P. 38 § 6.)

58-923886

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 120

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 69 Bellevue Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E. Gilgan Saunders
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 69 Bellevue Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months ..... days. In place of residence 45 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 31, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 23, 1959, to July 31, 1959
I last saw her alive on 7/31, 1959, death is said to have occurred on the date stated above, at 2.20 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 1 hr
Due To (b) ARTERIO-SCLEROTIC HEART DISEASE — 10 yr
Due To (c)
OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? 0
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? 0
If so, specify

(Signed) Fred O'Regan Winthrop, M. D.
(Address) 113 Pleasant St. Date 7/31 1959

6 Holyhood Brookline Mass
Place of Burial or Cremation (City or Town)
DATE OF BURIAL August 3 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed AUG 3 1959 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR: White
10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of John A. Gilgan
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years ..... Months ..... Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS
17 NAME OF FATHER James P. Saunders
18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass
19 MAIDEN NAME OF MOTHER Margaret Dalton
20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

21 Informant Dorothy Gilgan
(Address) 69 Bellevue Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Lirianne M.D.
(Signature of Agent of Board of Health or other)
Health Officer 7/31/59
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED
AUG — 3 1953

OUT - OF - TOWN

C-3 081 984 U-16614

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

121

To be filed for burial permit with Board of Health or its Agent.

Registered No. 2788

PLACE OF DEATH

1 Suffolk (County)

Boston (City or Town)

No. Veterans Administration Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John S. REARDON
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) WWII

(a) Residence. No. 28 Cummings Avenue (Usual place of abode) xxx S. Weymouth, Mass. (If nonresident, give city or town and State)

Length of stay: In place of death 0 years 0 months 7 days. In place of residence Life years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March (Month) 19, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 12, 1959 to March 19, 1959 xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx, death is said to have occurred on the date stated above, at 9:40a m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Chronic glomerulonephritis (years) with uremia (weeks-months).	
Due To (b) Hypertensive heart disease.	years
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? YES
What test confirmed diagnosis? Autopsy & clinical findings

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Melvin H. Tarmelant, M. D.
(Address) VAH, BOSTON, MASS. Date Mar. 19 1959

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 23 1959

7 NAME OF FUNERAL DIRECTOR Maurice Kirby
ADDRESS 210 Winthrop St., Winthrop, Mass.

Received and filed 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) MARRIED

10a If married, widowed, or divorced
HUSBAND of Rita Walters (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 42 Years 0 Months 0 Days — If under 24 hours Hours Minutes

13 Usual Occupation: Oil Burner Serviceman (Kind of work done during most of working life)

14 Industry or Business: Civilian

15 Social Security No. 021 10 3550

16 BIRTHPLACE (City) Newton (State or country) Mass.

PARENTS

17 NAME OF FATHER EDMUND REARDON

18 BIRTHPLACE OF FATHER (City) BROOKLYN (State or country) NEW YORK

19 MAIDEN NAME OF MOTHER CATHERINE (O'CONNELL)

20 BIRTHPLACE OF MOTHER (City) PROVIDENCE (State or country) R.I.

21 Informant V.A. Hospital Records, 150
(Address) S. Huntington Ave., Boston, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

E. 17915
(Signature of Agent of Board of Health or other)

(Official Designation) Mar 21, 1959 (Date of Issue of Permit)

M R-301A
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RUCTIONS
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AP. 46, §§ 9 &
AP. 114 §§ 45,
HAP. 38 § 6.)
25 1959
O-50-923666

A TRUE COPY ATTEST:

Charles H. Martin

Cor. Secretary

RECEIVED

AUG 25 1959 PM

M R-301A

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RUCTIONS
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AP. 46, §§ 9 &
AP. 114 §§ 45,
HAP. 38 § 6.)

0-50-023886

C-3 081 984 U-16614

OUT - OF - TOWN

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 2788

1 PLACE OF DEATH

Suffolk (County)

Boston (City or Town)

No. Veterans Administration Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John S. REARDON
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) WWII

(a) Residence. No. 28 Cummings Avenue xxx S. Weymouth, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 0 years 0 months 7 days. In place of residence Life years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March (Month) 19, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 12, 1959 to March 19, 1959 xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx, death is said to have occurred on the date stated above, at 9:40a m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Chronic glomerulonephritis(years with uremia (weeks-months).	
Due To (b) Hypertensive heart disease.	years
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? YES
What test confirmed diagnosis? Autopsy & clinical findings

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Melvin H. Tarpelant, M. D.
(Address) VAH, BOSTON, MASS. Date Mar.19 1959

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 23 1959

7 NAME OF FUNERAL DIRECTOR Maurice Kirby
ADDRESS 210 Winthrop St., Winthrop, Mass.

Received and filed 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) MARRIED

10a If married, widowed, or divorced
HUSBAND of Rita Walters
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 42 Years 0 Months 0 Days | If under 24 hours Hours Minutes

13 Usual Occupation: Oil Burner Serviceman
(Kind of work done during most of working life)

14 Industry or Business: Oil

15 Social Security No. 021 10 3550

16 BIRTHPLACE (City) Newton
(State or country) Mass.

PARENTS

17 NAME OF FATHER EDMUND REARDON

18 BIRTHPLACE OF FATHER (City) BROOKLYN
(State or country) NEW YORK

19 MAIDEN NAME OF MOTHER CATHERINE (O'CONNELL)

20 BIRTHPLACE OF MOTHER (City) PROVIDENCE
(State or country) R.I.

21 Informant V.A. Hospital Records, 150
(Address) S. Huntington Ave., Boston, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) E. 17915

(Official Designation) (Date of Issue of Permit) Mar 21, 1959

A TRUE COPY ATTEST

RECEIVED

AUG 25 1959

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HAP. 46, §§ 9 &
AP. 114 §§ 45,
HAP. 38 § 6.)
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10-58-923886

OUT - OF - TOWN

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 2786

PLACE OF DEATH

1 Suffolk (County)

Boston (City or Town)

No. Veterans Administration Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Aaron OSVAR
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) WW I

(a) Residence. No. 12 Sea Foam Ave., (Usual place of abode) X Winthrop, Massachusetts (If nonresident, give city or town and State)

Length of stay: In place of death years months 22 days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March (Month) 20, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from February 26, 1959, to March 20, 1959, [redacted], death is said to have occurred on the date stated above, at 7:15 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Acute myocardial infarction	Hours
Due To (b) Generalized arteriosclerosis	Years
~~Due To~~ (c) Amyotrophic lateral sclerosis	1 year
OTHER SIGNIFICANT CONDITIONS Alzheimer's Disease	Years

Was autopsy performed? No
What test confirmed diagnosis? Clinical, Lab & X-ray findings

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph B. Bethanker M.D., M. D.
(Address) VA Boston, Mass. Date Mar. 20 1959

6 Sharon Memorial Park, Sharon, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL March 22, 1959

7 NAME OF FUNERAL DIRECTOR Benjamin F. Solomon
ADDRESS 420 Harvard St., Brookline, Mass.

Received and filed March 23 1959
Charles A. Trascher (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of Rose Kachelnick (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years 9 Months 5 Days. If under 24 hours Hours Minutes

13 Usual Occupation: Electrician (Retired) (Kind of work done during most of working life)

14 Industry or Business: Clerk

15 Social Security No. 028-20-6405

16 BIRTHPLACE (City) (State or country) Poland

PARENTS

17 NAME OF FATHER Hyman Osvar

18 BIRTHPLACE OF FATHER (City) (State or country) Poland

19 MAIDEN NAME OF MOTHER Bessie Kachelnick (o.k.)

20 BIRTHPLACE OF MOTHER (City) (State or country) Poland

21 Informant VA Hospital Records
(Address) 150 S. Huntington Ave., Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
A. Mariano E17901
(Signature of Agent of Board of Health or other)
3/20/59
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED

AUG 25 1953 AM

RM R-303 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-8-57-920758)

25 1959

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent.

123

Registered No. 03119

PLACE OF DEATH

1 Suffolk (County)
Boston (City or Town)
En route to E. Boston Relief Station (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Mc Sweeney (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 110 Summit Ave (Usual place of abode) St. Winthrop Mass (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March (Month) 26 (Day), 1959 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above named and that the CAUSE AND MANNER thereof are as follows (If an injury was involved, state fully.)

RUPTURE OF RIGHT AURICLE WITH HEMOPERICARDIUM

5 Accident, suicide, or homicide (specify) Homicide

Date and hour of injury 3/26 1959

Where did Injury occur? Revere Mass (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury Compressing blunt (How did injury occur?)

Nature of Injury force injury of chest

While at work? ..... Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?.....

If so, how?

(Signed) Michael A Luongo M. D.

(Address) Boston Date 3/27 1959

7 Place of Burial, or Cremation. Winthrop (City or Town)

DATE OF BURIAL March 30, 1959 19

8 NAME OF FUNERAL DIRECTOR Maurice W Kirby

ADDRESS 210 Winthrop St. Winthrop

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX: Male

10 COLOR OR RACE: White

11 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Single

11a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

12 IF STILLBORN, enter that fact here

13 AGE 19 Years ..... Months ..... Days. If under 24 hours .....Hours .....Minutes

14 Usual Occupation: U.S. Coastguard (Kind of work done during most of working life)

15 Industry or Business.

16 Social Security No.

17 BIRTHPLACE (City) Winthrop (State or country)

PARENTS

18 NAME OF FATHER Edward F McSweeney

19 BIRTHPLACE OF FATHER (City) Boston (State or country)

20 MAIDEN NAME OF MOTHER Dorothy Harrington

21 BIRTHPLACE OF MOTHER (City) Boston (State or country)

22 Informant Edward F McSweeney (Address) 110 Summit Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) E 1666 (Date of Issue of Permit) March 1959

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED

AUG 25 1959 AM

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Use only
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TRUCTIONS
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HAP. 46, §§ 9 &
HAP. 114 §§ 45,
HAP. 38 § 6.)

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10-56-023886

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT OF TOWN

To be filed for burial permit with Board of Health or its Agent

Registered No. 03208

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON, MASS. (City or Town)

No. The Massachusetts General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Philip Hilton
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence, No. 10 Orlando Ave. Winthrop St. Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ... years ... months ... days. In place of residence ... years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March (Month) 29, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 19, 1959, to March 29, 1959, that I last saw him alive on March 29, 1959, death is said to have occurred on the date stated above, at 4:55 a. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) GASTRO INTESTINAL HEMORRHAGE	12 HRS.
Due To (b) DUODENAL ULCER	MOS ?
Due To (c) LEUKEMIA	10 Mos.
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? Yes
What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) C. L. Clay, M. D.
(Address) C. L. Clay M.D. Asst. Dir. Mass Genl. Hosp Date Mar. 29, 1959

6 Place of Burial or Cremation Winthrop Cemetery, Winthrop (City or Town)
DATE OF BURIAL April 1, 1959

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St., Winthrop

Received and filed APR 2 1959 19...

Charles H. Mackie (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male

9 COLOR white

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) married

10a If married, widowed or divorced
HUSBAND of Esther Lillian Hitch
(Give maiden name of wife in full)
(or) WIFE of ...
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years 4 Months 27 Days
If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Painter
(Kind of work done during most of working life)

14 Industry or Business: Interior Decorating

15 Social Security No. 011-16-1536

16 BIRTHPLACE (City) (State or country) Wells Maine

PARENTS

17 NAME OF FATHER George Hilton

18 BIRTHPLACE OF FATHER (City) (State or country) Wells, Maine

19 MAIDEN NAME OF MOTHER Nellie Eaton

20 BIRTHPLACE OF MOTHER (City) (State or country) Maine

21 Informant Esther Lillian Hilton
(Address) 10 Orlando Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

R Rogerson
(Signature of Agent of Board of Health or other)

2134 (Official Designation) 3-31-59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles G. Mackie

City Registrar

RECEIVED

AUG 25 1953

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STRUCTIONS
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certificates.

HAP. 46, §§ 9 &
HAP. 114 § 45,
CHAP. 38 § 6.)

26 1959

1-10-58-923000

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent 125

Registered No. 3820

PLACE OF DEATH

1 Suffolk (County)

Boston (City or Town)

No. Veterans Administration Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John T. FOLEY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) WW II

(a) Residence. No. 23 Fremont St. Winthrop, Massachusetts
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years ___ months 20 days. In place of residence Life years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April (Month) 13, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 24, 1959, to April 13, 1959, death is said to have occurred on the date stated above, at 11:50 P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) 1. Duodenal ulcer with hemorrhage	wks
Due To (b) 2. Carcinoma of pancreas	mos
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Diabetes mellitus	yrs

Was autopsy performed? No
What test confirmed diagnosis? Clinical&Lab Findings

5 Was disease or injury in any way related to occupation of deceased? ___
If so, specify ___

(Signed) James Dorr, M. D.
James R Dorr, MD
(Address) VAH Boston, Mass. Date ___ 19__

6 Place of Burial or Cremation Winthrop Cem., Winthrop, Mass. (City or Town)
DATE OF BURIAL April 17, 1959

7 NAME OF FUNERAL DIRECTOR Maurice Kirby
ADDRESS 210 Winthrop St., Winthrop, Mass.

Received and filed APR 1 (1959 19__
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of Jessica Grainger
(Give maiden name of wife in full)
(or) WIFE of ___
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 51 Years 0 Months 23 Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Curtain Salesman
(Kind of work done during most of working life)

14 Industry or Business: Civ

15 Social Security No. Civ

16 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

PARENTS

17 NAME OF FATHER James P. Foley

18 BIRTHPLACE OF FATHER (City) Halifax
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Mary O'Donnell

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Massachusetts

21 Informant VA Hospital Records
(Address) 150 S. Huntington Ave., Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles A. Mackie

City Registrar

RECEIVED

AUG 26 1959 PM

M R-307 A

PLACE OF DEATH

1 Suffolk (County)
Boston (City or Town)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OUT - OF - TOWN
To be filed for burial permit with Board of Health or its Agent.

Registered No. 3797

Enroute to E. Boston Relief Station St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ruth Rosenberg
(If deceased is a married, widowed or divorced woman, give also maiden name)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, Honorably WAR) no

(a) Residence. No. 36 Hawthorne Ave Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 3 years — months — days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April (Month) 14 (Day) 1959 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

HYPERTENSIVE CARDIO-VASCULAR DISEASE

CORONARY OCCLUSION

5 Accident, suicide, or homicide (specify) .....

Date and hour of injury .....19.....

Where did Injury occur? .....
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? .....
(Specify type of place)

Manner of Injury .....
(How did injury occur?)

Nature of Injury .....

While at work? .....Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Michael Thomas M. D.

(Address) Boston Date 4/14 1959

7 Rabbi Eckstein Everett
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL April 16 1959

8 NAME OF FUNERAL DIRECTOR Joy Funeral Service Inc

ADDRESS 157 Washington Ave Chelsea

Received and filed .....19.....

Charles H. Mackie
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female

10 COLOR OR RACE White

11 ~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~or DIVORCED~~ (write the word) Widowed

11a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of Myer Rosenberg
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 56 Years — Months — Days. If under 24 hours Hours ... Minutes

14 Usual Occupation Saleslady
(Kind of work done during most of working life)

15 Industry or Business Retail Clothing

16 Social Security No. 010-30-9410

17 BIRTHPLACE (City) (State or country) Boston Mass

PARENTS

18 NAME OF FATHER Harry Byne

19 BIRTHPLACE OF FATHER (City) (State or country) Russia

20 MAIDEN NAME OF MOTHER Celia Stern

21 BIRTHPLACE OF MOTHER (City) (State or country) Russia

22 Informant Arnold Kaplan
(Address) 36 Hawthorne Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

L Lopeson
(Signature of Agent of Board of Health or other)

2405 4/15/59
(Official Designation) (Date of Issue of Permit)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-8-57-920(78)

26 1959

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED

AUG 26 1959 PM

RM R-301A

B.–THIS IS A
ANENT RECORD.
Use only
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STRUCTIONS
FOR
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In giving
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to death but not
to the terminal
condition given

:- Chapter 137,
of 1954, requires
cians to print or
the cause or
of death on
certificates.

CHAP. 46, §§ 9 &
CHAP. 114 §§ 45,
CHAP. 38 § 6.)

G 26 1959

M-10-58-923066

Declined by Med. Examiner

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent.

Registered No. 13888

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. MASSACHUSETTS GENERAL HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME GEORGE ROWE
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 46 MADISON AVE., St. WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ... years ... months 1 days. In place of residence 45 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL (Month) 17, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 17, 1959, to April 17, 1959
I last saw him alive on April 17, 1959, death is said to have occurred on the date stated above, at 9:14 P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Acute Myocardial Infarction	8 hrs
Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? No
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. L. Clay, M. D.
(Address) C. L. CLAY MD ASST. DIR. MASS. GEN'L Date Apr. 18 1959

6 Place of Burial or Cremation Winthrop (City or Town) Winthrop
DATE OF BURIAL April 21, 1959

7 NAME OF FUNERAL DIRECTOR Maurice W Kirby
ADDRESS 210 Winthrop St. Winthrop

Received and filed APR 1 1959
Charles H. [illegible] (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR White
10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced
HUSBAND of Lottie M (Marion)
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years Months Days | If under 24 hours ... Hours Minutes

13 Usual Occupation: Painter
(Kind of work done during most of working life)

14 Industry or Business: Self

15 Social Security No. Unknown

16 BIRTHPLACE (City) Springhill
(State or country) N. Scotia

PARENTS
17 NAME OF FATHER Eli Rowe
18 BIRTHPLACE OF FATHER (City) Newfoundland
(State or country)
19 MAIDEN NAME OF MOTHER Mary Ann Crawford
20 BIRTHPLACE OF MOTHER (City) Newfoundland
(State or country)

21 Informant Lillian Ellis
(Address) 46 Madison Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
[illegible] E 15617
(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) April 19 · 1959

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED

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STRUCTIONS FOR AL CERTIFICATE

In giving E OF DEATH

not enter re than one se for each), (b) and (c)

does not mean ode of dying, heart failure, etc. It means ate, or compli- which caused

ions, if any, gave rise to cause (a), the under- cause last.

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Chapter 137, 1954, requires ns to print or he cause or of death on ertificates.

26 1959

50M-11-56-918978

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent 128

Registered No. 104006

1 PLACE OF DEATH: SUFFOLK (County); ROXBURY (City or Town); No. JEWISH MEMORIAL HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ABRAHAM NATHANSON
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 44 TRIDENT STREET, WINTHROP St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 13 days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL (Month) 20 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from APRIL 8, 1959, to APRIL 20, 1959. I last saw him alive on APRIL 20, 1959, death is said to have occurred on the date stated above, at 12:20 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) CHRONIC PYELONEPHRITIS WITH UREMIA	6 MONTHS
Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE	YEARS

Was autopsy performed? NO
What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Priscilla R. Santia, M.D., M. D.
(Address) JEWISH MEMORIAL HOSPITAL, ROXBURY Date APRIL 20 1959

6 Place of Burial or Cremation: Chevra Thillim of Boston, Everett (City or Town)
DATE OF BURIAL April 21, 1959

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach
ADDRESS 10 Washington St., Dorchester

Received and filed APR 23 1959 19
Charles F. Mahoney (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Yetta-Cannot be learned
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years Months Days — If under 24 hours Hours Minutes

13 Usual Occupation: Paper & Twine
(Kind of work done during most of working life)

14 Industry or Business: Stone & Forsyth

15 Social Security No. C.T.L.

16 BIRTHPLACE (City) (State or country) Russia

PARENTS
17 NAME OF FATHER Louis Nathanson
18 BIRTHPLACE OF FATHER (City) (State or country) Russia
19 MAIDEN NAME OF MOTHER Cannot be learned
20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant Jacob Nathanson
(Address) 80 Strathmore Rd., Brighton

I HEREBY CERTIFY that the foregoing standard certificate of death was filed with me [illegible] and burial permit was issued:
THERESA M. MEADS
(Signature of Agent of Board of Health or other)
APR 21 1959
(Official Designation) (Date of Burial Permit)

2479

BOSTON HEALTH DEPT.

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED

AUG 26 1959 PM

RM R-301A

B.—THIS IS A
ANENT RECORD.
Use only
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STRUCTIONS
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HAP. 46, §§ 9 &
AP. 114 §§ 45,
HAP. 38 § 6.)

26 1959

10-58-923000

Sep 6/10/51

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent.

Registered No. 4071

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON (City or Town)

No. MASSACHUSETTS GENERAL HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOSEPH ~~TAMAS (TA'ASIUNAS)~~ TAMOSIUNIS
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 124 READ STREET St. WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years ___ months 3 dys. In place of residence 3 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 22 1959 (Month) (Day) (Year)

4. I HEREBY CERTIFY, That I attended deceased from April 20, 1959 to April 22, 1959 I last saw him alive on April 22, 1959, death is said to have occurred on the date stated above, at 4:10A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Septicaemia	3 dys
Due To (b) Acute general peritonitis	3 dys
Due To (c) Post-necrotic cirrhosis of the liver	2½ yrs
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. L. Clay, M. D.
(Address) ASST. DIR. MASS. GEN'L Date 4/22/ 1959

6 Place of Burial or Cremation Mt. Hope Cemetery Lewiston, Me. (City or Town)
DATE OF BURIAL April 25, 1959

7 NAME OF FUNERAL DIRECTOR Fahey & Conly
ADDRESS Lewiston, Maine

Received and filed APR 24 1959 49
Charles A. Mac[illegible]

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of ~~Cannot be learned~~ Mary Stelmokuese (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years 0 Months 18 Days If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Textile Worker (Kind of work done during most of working life)

14 Industry or Business: Textiles

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Lithuania

PARENTS

17 NAME OF FATHER Joseph Tamosiunis ~~Cannot be learned~~ Tamosiunis

18 BIRTHPLACE OF FATHER (City) (State or country) ~~Cannot be learned~~ Lithuania

19 MAIDEN NAME OF MOTHER Maggie Tinasiueie ~~Cannot be learned~~

20 BIRTHPLACE OF MOTHER (City) (State or country) ~~Cannot be learned~~ Lithuania

21 Informant Conly & Fahey
(Address) Lewiston, Maine

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W. Kane 2537
(Signature of Agent of Board of Health or other)

2537 4 [illegible]
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED

AUG 26 [illegible] PM

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P. 46, §§ 9 &
P. 114 §§ 45,
P. 38 § 6.)

6 1959

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent 230

Registered No. 4467

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. MASSACHUSETTS GENERAL HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Angelo ~~Caldarella~~ CALDARELLA
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 23 Woodside Ave. St. Winthrop, Mass.
(Usual place of abode) (If nonresident give city or town and State)

Length of stay: In place of death ___ years ___ months ___ days. In place of residence 27 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 3 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 29, 1959, to May 3, 1959
I last saw him alive on May 3, 1959, death is said to have occurred on the date stated above, at 7:50 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) PNEUMONIA RIGHT LOWER LOBE, LOBULAR	4 DAYS
Due To (b) BRAIN STEM INFARCTION	5 DAYS
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? YES
What test confirmed diagnosis? AUTOPSY

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. L. Clay, M. D.
C. L. Clay, MD
(Address) Asst. Dir. Mass. Gen'l Date 5/3/ 1959

6 Place of Burial or Cremation WINTHROP (City or Town) WINTHROP
DATE OF BURIAL MAY 6, 1959

7 NAME OF FUNERAL DIRECTOR DIPIETRO & VAZZA
ADDRESS 11 HENRY ST, EAST BOSTON

Received and filed MAY - 6 1959 19
Charles H. Blackler (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE
9 COLOR WHITE
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) WIDOWED

10a If married, widowed, or divorced
HUSBAND of ROSINA VENTIMIGLIA
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years ___ Months ___ Days
If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation LABORER (RETIRED)
(Kind of work done during most of working life)

14 Industry or Business ROAD CONSTRUCTION

15 Social Security No. 011-12-9195

16 BIRTHPLACE (City) (State or country) ITALY

PARENTS
17 NAME OF FATHER ANGELO CALDARELLA
18 BIRTHPLACE OF FATHER (City) (State or country) ITALY
19 MAIDEN NAME OF MOTHER CARMELA LOVETERE
20 BIRTHPLACE OF MOTHER (City) (State or country) ITALY

21 Informant CARMELA LAMONICA
(Address) 23 WOODSIDE AVE. WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) R. Rogerson
(Official Designation) 2687 (Date of Issue of Permit) 5-5-59

A TRUE COPY ATTEST:
Charles H. Mackie
City Registrar

RECEIVED
AUG 26 1958 PM

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P. 389 6.)

26 1959

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent 131

Registered No. 4466

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON (City or Town)

No. MASSACHUSETTS GENERAL HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hendricks, John W
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 28 River Rd. Winthrop St. Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ... years ... months 1 days. In place of residence 35 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 3 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 3, 1959 to May 3, 1959 We last saw him alive on May 3, 1959, death is said to have occurred on the date stated above, at 1 13 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Mesenteric emboli & infarction of bowel, extensive	hours
Due To (b) Rheumatic heart disease & mural thrombus	yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Cerebrovascular accidents, multiple, dd	yrs

Was autopsy performed? yes
What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) C. L. Clay, M. D.
(Address) Sst. Dir. Mass. Gen'l Date 5-7 1959

6 Place of Burial or Cremation Winthrop Cemetery, Winthrop (City or Town)
DATE OF BURIAL May 6th 1959

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., E. Boston

Received and filed MAY 6 1959 19...
Charles H. [illegible] (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of Victoria LaVoie (Give maiden name of wife in full)
(or) WIFE of ... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 8 Months 4 Days — If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Power foreman (Kind of work done during most of working life)

14 Industry or Business: N.E. Telephone Co.

15 Social Security No. 011-07-9278

16 BIRTHPLACE (City) (State or country): East Boston Mass.

PARENTS

17 NAME OF FATHER: Sabino Hendricks

18 BIRTHPLACE OF FATHER (City) (State or country): Madieros Islands Portugal

19 MAIDEN NAME OF MOTHER: Maryann DeMattos

20 BIRTHPLACE OF MOTHER (City) (State or country): Madieros Islands Portugal

21 Informant Mrs. Victoria Hendricks-wife
(Address) 28 River Rd., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

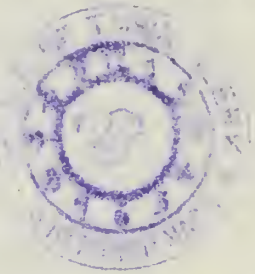
(Signature of Agent of Board of Health or other)

2686 (Official Designation) 5-5-59 (Date of Issue of Permit)

TRUE COPY

Charles A. Mac[illegible]

City Registrar



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R-303 A

PLACE OF DEATH

1 Suffolk (County)

Boston (City or Town)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent.

Registered No. 4637

No. Army Base Infirmary, So. Boston St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME DANIEL G. SEARS
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 52 Peble Avenue St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 8 (Day) 1959 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

CORONARY THROMBOSIS

5 Accident, suicide, or homicide (specify)

Date and hour of injury 19

Where did Injury occur? (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury (How did injury occur?)

Nature of Injury

While at work? Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael Thomas M. D.

(Address) Boston, Mass Date 5/8 19 59

7 Place of Burial or Cremation. Winthrop (City or Town)

DATE OF BURIAL May 11 19 59

8 NAME OF FUNERAL DIRECTOR Frederick J. Magrath

ADDRESS East Boston

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX	10 COLOR OR RACE	11 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)
male	white	married

11a If married, widowed or divorced, HUSBAND of Helen Fuller
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 53 Years ..... Months ..... Days If under 24 hours ..... Hours ..... Minutes

14 Usual Occupation: stevedore
(Kind of work done during most of working life)

15 Industry or Business: I. L. A.

16 Social Security No. 029-03-3761

17 BIRTHPLACE (City) East Boston, Mass.
(State or country)

PARENTS

18 NAME OF FATHER William E. Sears

19 BIRTHPLACE OF FATHER (City) St. John's
(State or country) New Brunswick

20 MAIDEN NAME OF MOTHER Mary A. Murphy

21 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

22 Informant Helen Sears
(Address) 52 Pebble Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Eugene Donald E 19684
(Signature of Agent of Board of Health or other)

(Official Designation) May 5 1959 (Date of Issue of Permit)

Information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-8-57-920758

26 1959

A TRUE COPY ATTEST:

Charles H. Machie

City Registrar

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P. 46 §§ 9 &
P. 114 §§ 45,
AP 3816.)

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent. 123

Registered No. 4713

1 PLACE OF DEATH: Suffolk (County); Boston (City or Town)

No. Beth Israel Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Garfield, Sophie (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 24 Shore Drive St. Winthrop Mass. (Usual place of abode) (If nonresident give city or town and State)

Length of stay: In place of death ..... years ..... months 18 days. In place of residence 3 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 11 (Day) 1959 (Year)

4 I HEREBY CERTIFY That I attended deceased from April 23, 1959 to May 11, 1959 I last saw he alive on May 11, 1959 death is said to have occurred on the date stated above, at 3:25 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 18 days

Due To (b) Hypertensive Cerebrovascular Disease — at least 3yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? Spinal Canal Puncture

5 Was disease of injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert H. Resnick M. D.

(Address) Robert H. Resnick Beth Israel Home 5/11 1959

Place of Burial or Cremation Anshe Sfard of Lynn Cem.-Danvers (City or Town)

DATE OF BURIAL May 12, 1959

7 NAME OF FUNERAL DIRECTOR Torf Funeral Service, Inc.

ADDRESS 1615 Beacon St. Brookline

Received and filed JUL 13 1959 19

Charles H. Mackie (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female

9 COLOR: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of Joseph Garfield (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years ..... Months ..... Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Russia

PARENTS

17 NAME OF FATHER Isaac Segal

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Gertrude Gisse Solomon

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant John N. Garfield (Address) 11 Clements Rd. Newton

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

R. Rogerson (Signature of Agent of Board of Health or other)

2797 (Official Designation) 5-12-59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED

AUG 26 1983 PM

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P. 46, §§ 9 &
P. 114 §§ 45,
AP. 3816.)

26 1959
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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health or Its Agent 134

Registered No. 4717

1 PLACE OF DEATH: SUFFOLK (County) — BOSTON (City or Town)

No. ST. ELIZABETH'S HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (MR.) FREDERICK W. ROE
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 71 BIRCH RD St. WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years ___ months 4½ hrs. days. In place of residence ___ years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY (Month) 11, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from MAY 11, 1959 to MAY 11, 1959
I last saw him alive on MAY 11, 1959, death is said to have occurred on the date stated above, at 4 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) INTRACEREBRAL HEMORRHAGE

Due To (b) ESSENTIAL HYPERTENSION

Due To (c)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS RHEUMOTOID ARTHRITIS

Was autopsy performed? YES
What test confirmed diagnosis? AUTOPSY

5 Was disease or injury in any way related to occupation of deceased? ___
If so, specify ___

(Signed) Robert H. Aishi, M. D.
(Address) St. Eliz. Hosp. Date 5/11 1959

6 Place of Burial or Cremation WINTHROP MASS, WINTHROP (City or Town)
DATE OF BURIAL 5/13/59 19

7 NAME OF FUNERAL DIRECTOR Maurice G. Gill
ADDRESS 210 Winthrop St. Winthrop

Received and filed MAY 13 1959 19
Charles A. Mackie
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE
9 COLOR WHITE
10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED SINGLE

10a If married, widowed, or divorced
HUSBAND of ___
(Give maiden name of wife in full)
(or) WIFE of ___
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 34 Years ___ Months ___ Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: BROKER
(Kind of work done during most of working life)

14 Industry or Business: INSURANCE

15 Social Security No. NOT KNOWN

16 BIRTHPLACE (City) WINTHROP
(State or country) MASS

PARENTS

17 NAME OF FATHER LOUIS A ROE

18 BIRTHPLACE OF FATHER (City) BOSTON
(State or country) MASS

19 MAIDEN NAME OF MOTHER FLORANCE M. SCHIVEREE

20 BIRTHPLACE OF MOTHER (City) GLOUCESTER
(State or country) MASS

21 Informant LOUIS A ROE
(Address) 71 BIRCH RD WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

E. Rogerson
(Signature of Agent of Board of Health or other)

2811 (Official Designation) 5-12-59 (Date of Issue of Permit)

A TRUE COPY ATTEST.

Charles [illegible]

City Registrar

RECEIVED

AUG 26 [illegible] PM

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent.

Registered No. 135 4791

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON (City or Town)

BAKER MEMORIAL
MASSACHUSETTS GENERAL HOSPITAL

No. ____ St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Otis E. Lapham
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) W.W.1

(a) Residence. No. 47 Washington Ave. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months 1 days. In place of residence 40 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May (Month) 12 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 12, 1959, to May 12, 1959 and last saw him alive on May 12, 1959 death is said to have occurred on the date stated above, at 7:30p m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Rupture of abdominal aortic aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 5 days

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas L. Clay, M. D.

(Address) Asst. Dir. Mass. Gen'l Hosp. Date 5-13-59

6 South Dartmouth (Place of Burial or Cremation) South Dartmouth (City or Town)

DATE OF BURIAL May 16, 1959

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington St. E.Boston

Received and filed MAY 15 1959 19____

Charles H. Mackie (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: M

9 COLOR: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

10a If married, widowed, or divorced
HUSBAND of ____ (Give maiden name of wife in full)
(or) WIFE of ____ (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years 3 Months 26 Days — If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: Broker (Kind of work done during most of working life)

14 Industry or Business: Grain and Feed

15 Social Security No. 017-26-1632

16 BIRTHPLACE (City) South Dartmouth (State or country) Mass.

PARENTS

17 NAME OF FATHER John F. Lapham

18 BIRTHPLACE OF FATHER (City) South Dartmouth (State or country) Mass.

19 MAIDEN NAME OF MOTHER Annie Sherman

20 BIRTHPLACE OF MOTHER (City) New Bedford (State or country) Mass.

21 Informant Mrs. Florence Peabody
(Address) 115 Bowdoin St. Dorchester

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W. D. Lane (Signature of Agent of Board of Health or other)

2824 (Official Designation) 5-14-59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED

AUG 26 1983 PM

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N.B.—THIS IS A
MANENT RECORD.
Use only
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NSTRUCTIONS
FOR
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In giving
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:- Chapter 137,
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the cause or
of death on
certificates.

HAP. 46, §§ 9 &
HAP. 114 § 45,
CHAP. 38 § 6.)

27 1959
-10-58-923886

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent

Registered No. 5201

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. MASSACHUSETTS GENERAL HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME BARBARA CARROLL
(If deceased was married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. Veteran, any WAR) No.

(a) Residence. No. ~~110 Summit~~ ~~90 BARNES AVENUE~~ St. Winthrop ~~BOSTON~~, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months ____ days. In place of residence ____ years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY (Month) 25 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 24, 1959 to May 25, 1959 and last saw her alive on May 25, 1959, death is said to have occurred on the date stated above, at 10:42 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE — INTERVAL BETWEEN ONSET AND DEATH

(a) Meningitis, Acute, purulent — 48 hours
Hemophilus influenzae

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? yes
What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C. L. Clay, M. D.
(Address) Asst. Dir. Mass. Gen'l Date 5/26/ 1959

6 Place of Burial or Cremation Winthrop Cem. Winthrop (City or Town)
DATE OF BURIAL May 27, 1959

7 NAME OF FUNERAL DIRECTOR Augustus W. Kirby
ADDRESS 210 Winthrop St. Winthrop

Received and filed MAY 28 1959 19
Charles F. Mahoney (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female — 9 COLOR White — 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months 1 Days 12 — If under 24 hours Hours Minutes

13 Usual Occupation:
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

17 NAME OF FATHER John Carroll

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Barbara Ann Heath

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

21 Informant Robert Carroll
(Address) 110 Summit Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
C. L. Carlson
(Signature of Agent of Board of Health or other)

3008 (Official Designation) — 5-26-59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles F. [illegible]

City Recorder

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HAP. 46, §§ 9 &
AP. 114 §§ 45,
HAP. 38 § 6.)

27 1959
10-58 923886

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent.

Registered No. 5525

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON (City or Town)

No. BAKER MEMORIAL, MASSACHUSETTS GENERAL HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Andrews
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN – IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 107 Bowdoin St. Winthrop, Massachusetts
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 2 days. In place of residence years months 3 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 3, (Day) 1959 (Year)

I HEREBY CERTIFY, That I attended deceased from June 2, 1959, to June 3, 1959, I last saw him alive on June 3, 1959, death is said to have occurred on the date stated above, at 9:50 Pm

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Prematurity 28 weeks gestation — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. L. Clay, M. D.

(Address) C. L. Clay Asst. Dir. Mass. Gen. Hosp. Date 6-4- 1959

6 Place of Burial or Cremation WINTHROP (City or Town)

DATE OF BURIAL JUNE 5 1959

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby

ADDRESS Winthrop

Received and filed JUN - 9 1959

Charles H. Mackie
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE

9 COLOR WHITE

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) SINGLE

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months 3 Days — If under 24 hours Hours Minutes

13 Usual Occupation:
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) (State or country) WINTHROP MASS

PARENTS

17 NAME OF FATHER CHARLES D ANDREWS

18 BIRTHPLACE OF FATHER (City) (State or country) NATICK MASS

19 MAIDEN NAME OF MOTHER ALICE P. KILLILEA

20 BIRTHPLACE OF MOTHER (City) (State or country) BOSTON MASS

21 Informant CHARLES ANDREWS
(Address) 41 PLEASANT ST. WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Norma MacDonald
(Signature of Agent of Board of Health or other)

3/17
(Official Designation)

6-8-59
(Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mack

City Registrar

RECEIVED

AUG 27 1980 PM

MR-301A

TRUCTIONS FOR CERTIFICATE

giving OF DEATH

not enter than one for each (b) and (c)

does not mean of dying, heart failure, etc. It means or complications which caused

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ons, if any, gave rise to cause (a), the underlying last.

tions contributing death but not the terminal condition given

Chapter 137, 1954, requires ns to print or e cause or of death on rtificates.

7 1959

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN 138

To be filed for burial permit with Board of Health or its Agent. 5864

Registered No. 5868

1 PLACE OF DEATH: SUFFOLK (County); DORCHESTER (City or Town); NEPONSET VIEW HOSPITAL (No. St. — If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: GEORGIA MERRILL (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 40 TEMPLE AVE St. WINTHROP (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 3 years 6 months days. In place of residence 25 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 12 (Day) 1959 (Year)

4 I HEREBY CERTIFY That I attended deceased from 3-6 1959, to 6-12 1959. I last saw her alive on 6-12 1959, death is said to have occurred on the date stated above, at 12.55 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Acute Cardiac Decompensation	
Due To (b) General Arteriosclerosis	7yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Louis Berger Mot. M. D.

(Address) 517 Washington St. Date 6/12 1959

6 Place of Burial or Cremation: Pine Hill Cemetery, Auburn, Maine (City or Town)

DATE OF BURIAL June 15 1959

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop, Mass.

Received and filed JUN 22 1959

Charles H. Mack (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female

9 COLOR: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 17 Months Days. If under 24 hours Hours Minutes

13 Usual Occupation: None (Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) Auburn (State or country) Maine

PARENTS

17 NAME OF FATHER Augustus Merrill

18 BIRTHPLACE OF FATHER (City) Auburn (State or country) Maine

19 MAIDEN NAME OF MOTHER Julia C. N. D. 1.

20 BIRTHPLACE OF MOTHER (City) Auburn (State or country) Maine

21 Informant Guy Edwards (Address) Arlington Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit (was) issued.

Marion Mac Donald (Signature of Agent of Board of Health or other)

3246 (Official Designation) 6-15-59 (Date of Issue of Permit)

60M-1-58-92197C

V.B.L.

A TRUE COPY ATTEST:

Charles H. Mack

City Registrar

RECEIVED

AUG 27 1959 AM

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M.-11-55-916145

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Registered No. 337 139

1 PLACE OF DEATH

Suffolk (County)

Chelsea (City or Town)

Chelsea Memorial Hospital No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Chelsea (City or Town making this return)

2 FULL NAME Sadie Barkham
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 303 River Rd. / St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death - years - months 1 days. In place of residence 1 years - months - days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 18, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 13, 59, 19.., to July 18, 1959, 19.., I last saw her alive on July 18, 1959, death is said to have occurred on the date stated above, at 8:55A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Antero-septal and posterior myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS: Arteriosclerotic heart disease — 1 yr.

Was autopsy performed? Electrocardiograms
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John F. Pepi, M. D.

(Address) 821 Saratoga St. E. Boston Date July 18, 1959

6 Place of Burial or Cremation Walnut Grove Cem., Methuen, Mass. (City or Town)

DATE OF BURIAL July 21, 1959, 19..

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano

ADDRESS 147 Winthrop St., Winthrop

Received and filed AUG 17 1959, 19..

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female

9 COLOR: white

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of George A.
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years 4 Months 25 Days — If under 24 hours ..Hours..Minutes

13 Usual Occupation: Entertainer
(Kind of work done during most of working life)

14 Industry or Business: Show Business

15 Social Security No. 126-07-2263

16 BIRTHPLACE (City) (State or country) Philadelphia, Pa.

PARENTS

17 NAME OF FATHER Francis A. Mills

18 BIRTHPLACE OF FATHER (City) (State or country) Philadelphia, Pa.

19 MAIDEN NAME OF MOTHER Mary Hamilton

20 BIRTHPLACE OF MOTHER (City) (State or country) Philadelphia, Pa.

21 Informant (Address) James B. Tiffin, 60 State St., Boston, Mass.

A TRUE COPY
ATTEST: Joseph A. Tyrrell
(Registrar of City or Town where death occurred)

DATE FILED July 20, 1959, 19..

RECEIVED

AUG 17 1939

COPY OF CERTIFICATE OF DEATH

CERTIFICATE OF DEATH
STATE OF NEW HAMPSHIRE

TOWN OR CITY CLERK'S NO. 120

X

1. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) ELIZABETH B. (MIDDLE) TERESA C. (LAST) FITZGERALD	2. DATE OF DEATH (MONTH) (DAY) (YEAR) July 31, 1959
3. PLACE OF DEATH A. COUNTY Merrimack	4. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION.) A. STATE Massachusetts B. COUNTY Suffolk
B. CITY OR TOWN New London C. LENGTH OF STAY (IN THIS PLACE) 52 hrs.	C. CITY OR TOWN (GIVE ACTUAL TOWN OF RESIDENCE, NOT MAILING ADDRESS). Winthrop
D. FULL NAME OF HOSPITAL OR INSTITUTION New London Hospital	D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 21 Court Road — E. IS RESIDENCE ON FARM? YES ☐ NO ☒
5. SEX Female — 6. COLOR OR RACE White — 7. MARRIED ☐ DIVORCED ☐ NEVER MARRIED ☐ WIDOWED ☒	8. NAME OF HUSBAND OR WIFE (MAIDEN NAME IF WIFE) Michael J. Fitzgerald - Deceased 1925
9. DATE OF BIRTH --- — 10. AGE (IN YEARS LAST BIRTHDAY) 78 — IF UNDER 1 YEAR MONTHS DAYS — IF UNDER 24 HRS HOURS MIN.	11A. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife - At Home — 11B. KIND OF BUSINESS OR INDUSTRY
12. BIRTHPLACE (CITY OR TOWN, STATE OR FOREIGN COUNTRY) Boston, Mass. — 13. CITIZEN OF WHAT COUNTRY? USA	14. FATHER'S NAME Patrick Tegnan
15. MOTHER'S MAIDEN NAME ----	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) no — (IF YES, GIVE WAR OR DATES OF SERVICE) -- — 17. SOC. SEC. NO. --
18A. INFORMANT Thomas Fitzgerald	18B. ADDRESS 81 Bancroft Rd., Melrose, Mass.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)

PART I DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Infarction of Bowel with Gangrene	2 Days
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. — DUE TO (B)	Mesenteric Thrombosis	2 Days
DUE TO (C)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(A)

Arteriosclerotic Heart Disease with Auricular Flutter

20. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

21B. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II OF ITEM 19.)

21C. TIME OF INJURY MONTH DAY YEAR HOUR M.

21D. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21E. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21F. CITY, TOWN OR LOCATION COUNTY STATE

22. *I attended the deceased from* July 29, '59, *to* July 31, '59 *and last saw her alive on* July 31 '59. *Death occured at* 8 PM *m on the date stated above; and to the best of my knowledge, from the causes stated.*

23A. SIGNATURE (DEGREE OR TITLE)	23B. ADDRESS	23C. DATE SIGNED
John H. Ohler MD	New London, N. H.	7-31-59

24A. BURIAL ☒ CREMATION ☐ ENTOMBMENT ☐ REMOVAL ☐	24B. DATE	24 C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
	8-3-59	Holy Cross Cemetery	Malden, Massachusetts

IF ENTOMBED 24E. PLACE OF BURIAL (NAME OF CEMETERY)	LOCATION (CITY, TOWN, COUNTY) (STATE)	DATE

25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	COUNTERSIGNED-AGENT (CITY BD. OF HEALTH)	DATE
Walton W. Chadwick, New London, N. H.			

DATE REC'D BY TOWN OR CITY CLERK	CLERK'S OWN SIGNATURE	CLERK OF
Aug. 1, 1959	William F. Kidder	New London

i 17 1959 true copy, Attest: William F. Kidder Clerk of New London Dated Aug. 10 19 59

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 141

PLACE OF DEATH

1 Suffolk (County)

Winthrop Mass (City or Town)

No. ~~Winthrop Community Hospital~~ St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Carl Eugene Dasch
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) W.W.I.

(a) Residence. No. 44 Cottage Park Rd St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months 5 minutes days. In place of residence 29 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH AUG (Month) 2 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from FEB, 1950, to AUG 2, 1959

I last saw h/M alive on AUG 2, 1959, death is said to have occurred on the date stated above, at 11½ A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

	INTERVAL BETWEEN ONSET AND DEATH
(a) RUPTURED AORTIC ANEURYSM	2 DAYS
AORTIC ANEURYSM —	1 YR
Due To (b) ARTERIO-SCLEROTIC HEART DISEASE WITH ANGINA PECTORIS	5 YRS
Due To (c)	
OTHER SIGNIFICANT CONDITIONS RHEUMATOID ARTHRITIS	5 YRS

Was autopsy performed? No

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? ____
If so, specify No

(Signed) Myron N. King, M. D.

(Address) 222 PLEASANT ST. WINTHROP Date 8/2 1959

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 5, 1959 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed AUG 4 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male

9 COLOR white

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) married

10a If married, widowed, or divorced
HUSBAND of Yvonne Lanou
(Give maiden name of wife in full)
(or) WIFE of ____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years 2 Months 25 Days | If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: salesman specialties
(Kind of work done during most of working life)

14 Industry or Business: retail advertising

15 Social Security No 010-10-9136

16 BIRTHPLACE (City) Wilks-Barre (Wilkes-Barre)
(State or country) Pennsylvania

PARENTS

17 NAME OF FATHER Charles Dasch

18 BIRTHPLACE OF FATHER (City) ____
(State or country) Pennsylvania

19 MAIDEN NAME OF MOTHER Eugenia Voigt

20 BIRTHPLACE OF MOTHER (City) New York City
(State or country) New York

21 Informant Mrs. Yvonne L. Dasch
(Address) 44 Cottage Park Road Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Peterson M.D.
(Signature of Agent of Board of Health or other)

Health Officer 8/4/59
(Official Designation) (Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

AUG - 4 1953

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE July 24 1918

DATE OF DISCHARGE June 30 1919

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ORGANIZATION AND OUTFIT Headquarters Division Salvage Company

SERVICE NUMBER 3641833

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 148

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ida M. Foulkes
Foulkes, Ida MacIntyre
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 29 Atlantic St St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 3 days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH AUG 3 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April, 1957, to Aug 3, 1959
I last saw her alive on Aug 2, 1959, death is said to have occurred on the date stated above, at 12 20 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) SMALL BOWEL OBSTRUCTION	3 DAYS
Due To (b) PROGRESSIVE BULBAR PALSY + MUSCULAR DYSTROPHY	2½ YRS
Due To (c)	
OTHER SIGNIFICANT CONDITIONS ARTERIO-SCLEROTIC + HYPERTENSIVE HEART DIS	3 YRS

Was autopsy performed? No
What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Myron D. King, M. D.
(Address) 122 Pleasant St Winthrop Date Aug 3 1959

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL August 5, 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed AUG 5 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Thomas Alfred Foulkes
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years Months Days — If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

17 NAME OF FATHER Peter McIntyre

18 BIRTHPLACE OF FATHER (City)
(State or country) Scotland

19 MAIDEN NAME OF MOTHER Mary ~~Bonney~~ KIRK

20 BIRTHPLACE OF MOTHER (City)
(State or country) Scotland

21 Informant Mary Foulkes
(Address) 29 Atlantic St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Stearns M.D.
(Signature of Agent of Board of Health or other)

Health Officer 8/14/59
(Official Designation) (Date of Issue of Permit)

V.B.V

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

AUG 5 1959 PM

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 1-3

PLACE OF DEATH

1 SUFFOLK (County)

WINTHROP (City or Town)

No. WINTHROP HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME THEODORE SOLLOSY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 47 DOLPHIN AVE. St. WINTHROP
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months 7 days. In place of residence 2 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 3, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 23, 1959, to August 3, 1959, I last saw him alive on August 3, 1959, death is said to have occurred on the date stated above, at 9:20 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Coronary Occlusion	6 days
Due To (b) Myocardial Infarction (Anterior)	6 days
Due To (c) Coronary Artery Heart Disease	2 wks.
OTHER SIGNIFICANT CONDITIONS Post status left iridectomy	2 yrs

Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles Liberman M. D.
(Address) Winthrop, Mass Date 8/3/1959

6 OHEL JACOB WOBURN
Place of Burial or Cremation (City or Town)
DATE OF BURIAL AUGUST 4, 1959

7 NAME OF FUNERAL DIRECTOR ARNOLD GOLOV
ADDRESS 1662 BEACON ST, BROOKLINE

Received and filed AUG 4 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: MALE
9 COLOR: WHITE
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): MARRIED

10a If married, widowed, or divorced
HUSBAND of BLANCHE BOWERS
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 58 Years ____ Months ____ Days | If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: ACCOUNTANT - SALES
(Kind of work done during most of working life)

14 Industry or Business: OCEAN DOOR & SALES CO

15 Social Security No. 030-24-1836

16 BIRTHPLACE (City) (State or country) BRIDGEPORT, CONN

PARENTS

17 NAME OF FATHER MORRIS SOLLOSY

18 BIRTHPLACE OF FATHER (City) (State or country) HUNGARY

19 MAIDEN NAME OF MOTHER REGINA SCHWARTZ

20 BIRTHPLACE OF MOTHER (City) (State or country) HUNGARY

21 Informant ARNOLD SOLLOSY
(Address) 15 JORDAN ROAD, W PEABODY

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Lehmann
(Signature of Agent of Board of Health or other)

Health Officer 8/4/59
(Official Designation) (Date of Issue of Permit)

50M-1-58-921976

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 124

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 75 Crest Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas H Serle
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 75 Crest Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 6 years ___ months ___ days. In place of residence 30 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug (Month) 6 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on ___, 19___, death is said to have occurred on the date stated above, at (about) 11:50 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE — INTERVAL BETWEEN ONSET AND DEATH

(a) presumed to be myocardial infarction

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Senility

Was autopsy performed? NO

What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? ___
If so, specify — No

(Signed) H. B. Greenfield M.D.
(Address) 447 Shirley St Winthrop Mass Date Aug 6 1959

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL Aug. 8 1959

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed AUG 7 1959 19___
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of ___
(Give maiden name of wife in full)
(or) WIFE of ___
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years 5 Months 25 Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Jainator
(Kind of work done during most of working life)

14 Industry or Business: School

15 Social Security No. 023-16-9320

16 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

17 NAME OF FATHER Ephraim Serle

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

19 MAIDEN NAME OF MOTHER Mary ----------

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

21 Informant Records Old Age Assistance
(Address) Town of Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Fernandes
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

8/7/59
(Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 135

1 PLACE OF DEATH
S uffolk (County)
Winthrop (City or Town)
No. 89 Locust St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Domenick Genovese
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 89 Locust St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 40 years ___ months ___ days. In place of residence 40 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 7 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec, 1959, to Aug 7, 1959
I last saw him alive on Aug 7, 1959, death is said to have occurred on the date stated above, at 12:45 P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE — INTERVAL BETWEEN ONSET AND DEATH

(a) Congestive heart failure

Due To (b) Chronic cor pulmonale — 7 mos

Due To (c)

OTHER SIGNIFICANT CONDITIONS Senility

Was autopsy performed? No
What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H Abramfeld, M. D.
(Address) 442 Shirley St Winthrop Mass Date Aug 8 1959

6 Place of Burial or Cremation Winthrop Cemetery Winthrop (City or Town)
DATE OF BURIAL Aug 10 1959

7 NAME OF FUNERAL DIRECTOR Ernest P Caggiano
ADDRESS 147 Winthrop St Winthrop

Received and filed AUG 10 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of Gemma Bahelli
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 5 Months 6 Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Tailor
(Kind of work done during most of working life)

14 Industry or Business: Clothing Business

15 Social Security No. 022-03-0543

16 BIRTHPLACE (City) (State or country) Italy

PARENTS

17 NAME OF FATHER Felice Genovese

18 BIRTHPLACE OF FATHER (City) (State or country) Italy

19 MAIDEN NAME OF MOTHER Antonetta Pacillio

20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant Phillip P Genovese
(Address) 67 Centre St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C Jerauld
(Signature of Agent of Board of Health or other)

Ralph C Jerauld 8/10/59
(Official Designation) (Date of Issue of Permit)

50M-1-58-921876

(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

AUG 10 1959 PM

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-303 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for additional information. See also Chap. 38, §§ 6, 20; Chap. 46, §§ 9, 10; Chap. 114, §§ 44-48.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-3-59-924934

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 146

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Waters off Yirrell Beach. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME NEIL A. MacARTHUR
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 12 Elliot Street St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....?days. In place of residence.....8.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August (Month) 8 (Day) 1959 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Asphyxia due to drowning following collapse due to coronary sclerosis and myocardial infarction.

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury August 8 19 59

IF ACCIDENTAL, was injury causally related to the death?

Where did Injury occur? Winthrop, Massachusetts (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place Waters off Yirrell Beach (Specify type of place)

Manner of Injury (How did injury occur?)

Nature of Injury Drowning

While at work? Was autopsy performed? Yes

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael A. Luongo, M. D.
Michael A. Luongo, M. D.,
(Print or Type Signature)

(Address) Boston, Mass. Date 8/9 19 59

7 Woodlawn Cemetery Everett Mass.
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL August 12 1959 19

8 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop, Mass.

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX male

10 COLOR white

11 SINGLE MARRIED WIDOWED or DIVORCED (write the word) married

11a If married, widowed, or divorced HUSBAND of Mary Jane MacArthur (Give maiden name of wife in full)

(or) WIFE of SUTHERLAND (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 82 Years 4 Months 23 Days If under 24 hours .....Hours .....Minutes

14 Usual Occupation retired guard (Kind of work done during most of working life)

15 Industry or Business First National Bank

16 Social Security No. 020-14-5330

17 BIRTHPLACE (City) Cape Breton (State or country) Nova Scotia

PARENTS

18 NAME OF FATHER Donald MacArthur

19 BIRTHPLACE OF FATHER (City) Cape Breton (State or country) Nova Scotia

20 MAIDEN NAME OF MOTHER Mary Jane MacIntosh

21 BIRTHPLACE OF MOTHER (City) Cape Breton (State or country) Nova Scotia

22 Informant Mrs. Minnie B. Parsons
(Address) 12 ELLIOT St. Pt. Shirley

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Sherman
(Signature of Agent of Board of Health or other)

Health Officer 8/11/59
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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RECEIVED

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a collision of railroad train and automobile." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic for (enter name of operation and disease or condition requiring surgery)." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

R-302

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or Town making this return) North Andover

Registered No. 139

1 PLACE OF DEATH

Essex (County)

No. Andover (City or Town)

No. Pinecrest Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Marie Eugenie (Ouellette) Vraux
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 12 Court Rd. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death - years ... months ... days. In place of residence - years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 11, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 16, 19 58, to Augus 11, 19 59

I last saw h... alive on Aug 10, 19 59, death is said to have occurred on the date stated above, at 5.45 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of colon

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

INTERVAL BETWEEN ONSET AND DEATH 8 mos.

Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify Pathological

(Signed) Dr. Charles F. Lee, M. D.

(Address) 93 Elm St. No. A. Date 8/13 19 59

6 Sacred Heart Cem. Andover, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 13, 1959 19

7 NAME OF FUNERAL DIRECTOR Edgar J. Racicot

ADDRESS 556 Edway. Lawrence, Mass.

Received and filed SEP 8 1959 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Wdwd

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Henri L. Vraux
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 0 Months 16 Days | If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Weaver - retired
(Kind of work done during most of working life)

14 Industry or Business: Pacific Worsted Mills

15 Social Security No. 025 10 4976

16 BIRTHPLACE (City) St. Alexandre, Canada
(State or country)

PARENTS

17 NAME OF FATHER Jules Ouellette

18 BIRTHPLACE OF FATHER (City) Canada
(State or country)

19 MAIDEN NAME OF MOTHER Celanire Belanger

20 BIRTHPLACE OF MOTHER (City) Canada
(State or country)

21 Informant Reginald Vraux
(Address) 12 Court Rd. Winthrop, Ms.

A TRUE COPY
ATTEST: John J. Lyons
(Registrar of City or Town where death occurred)

DATE FILED Clerk. August 13, 1959

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-2-58-922072

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R-301A

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P. 46, §§ 9 &
P. 114 §§ 45,
AP. 38 § 6.)

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D-58-923886

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. [illegible]

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 28 Bowdoin St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nora E. Granara
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 28 Bowdoin St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years ___ months ___ days. In place of residence 5 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug (Month) 15 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1958 to Aug. 15, 1959
I last saw her alive on Aug. 15, 1959, death is said to have occurred on the date stated above, at 9:45 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 mos
Due To (b)
Due To (c)
OTHER SIGNIFICANT CONDITIONS 0

Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? ___
If so, specify No

(Signed) Charles [illegible], M. D.
(Address) 32 Kenmore St. Boston Date 8/17 1959

6 Place of Burial or Cremation Holy Cross Malden (City or Town)
DATE OF BURIAL August 19 1959

7 NAME OF FUNERAL DIRECTOR Leo M. Norton
ADDRESS 287 Main St. Malden

Received and filed AUG 19 1959 19___
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of ___
(Give maiden name of wife in full)
(or) WIFE of Joseph E. Granara
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 59 Years 2 Months 29 Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Housework
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City) St. Johns
(State or country) Newfoundland

PARENTS
17 NAME OF FATHER John Daley
18 BIRTHPLACE OF FATHER (City) St. Johns
(State or country) Newfoundland
19 MAIDEN NAME OF MOTHER Ann Larkin
20 BIRTHPLACE OF MOTHER (City) St. Johns
(State or country) Newfoundland

21 Informant Elizabeth Granara
(Address) 28 Bowdoin St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

[illegible]
(Signature of Agent of Board of Health or other)

Health Officer 8/18/59
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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R-301A

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. [illegible]

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 203 Woodside Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fannie (Hanly) Rozell
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 203 Woodside Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 60 years months days. In place of residence 60 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August (Month) 15, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from October 25, 1950, to August 15, 1959
I last saw her alive on Aug. 14, 1959, death is said to have occurred on the date stated above, at 2 a.m. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Bilateral bronchopneumonia	2 wks.
Due To (b) Chronic Glomerulo-nephritis	9 yrs.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Post vulvectomy for carcinoma of the Bartholin's gland	10 yrs.

Was autopsy performed? no
What test confirmed diagnosis? Clinic & laboratory

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) M. Traugh Pierce Jr., M. D.
(Address) 73 Bartlett Rd. Winthrop 52, Mass. Date Aug. 15 1959

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL Aug. 18 1959

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop, Mass

Received and filed AUG 17 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Charles A Rozell
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 59 Years 9 Months 8 Days — If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

17 NAME OF FATHER William H Hanly

18 BIRTHPLACE OF FATHER (City) Philidelpha
(State or country) Pa.

19 MAIDEN NAME OF MOTHER Florence McLean

20 BIRTHPLACE OF MOTHER (City)
(State or country) Scotland

21 Informant Charles A Rozell
(Address) 203 Woodside Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Ferrancini
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

8/17/59
(Date of Issue of Permit)

50M-11-56-918978

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L..(Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

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100M-11-55-916145

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 150

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 43 Bellevue Ave. St. ((If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine Ryan (Sullivan)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 43 Bellevue Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 25 years ... months ... days. In place of residence 25 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August (Month) 15 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from DEC 20, 1951, to AUGUST 15, 1959
I last saw HER alive on AUGUST 15, 1959, death is said to have occurred on the date stated above, at 4:00 P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 2 DAY

Due To (b) ARTERIO-SCLEROTIC HEART DIS. & GENERAL ARTERIO-SCLEROSIS — 8 YRS.

Due To (c)

OTHER SIGNIFICANT CONDITIONS BRONCHOPNEUMONIA — 1 DAY

Was autopsy performed? No
What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Myron D. King, M. D.
(Address) 222 PLEASANT ST WINTHROP Date 8/16 1959

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Aug. 18, 1959 19

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby Inc.
ADDRESS 917 Bennington St. E.B.

AUG 17 1959

Received and filed 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of William Ryan
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 89 Years 4 Months Days — If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. none

16 BIRTHPLACE (City) Ireland
(State or country)

PARENTS

17 NAME OF FATHER William Sullivan

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Daly

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant Mrs. Marguerite Mc Ilhenney
(Address) 43 Bellevue Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Swanson
(Signature of Agent of Board of Health or other)
Health Officer 8/17/59
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourte n, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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RUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

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AP. 46, §§ 9 &
AP. 114 §§ 45,
IAP. 38 § 6.)

0-58-923886

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 251

PLACE OF DEATH

1 Suffolk (County)
Winthrop (City or Town)
No. Mayflower Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth E. Cunningham
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 401 Chelsea St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 3 years ... months ... days. In place of residence 50 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August (Month) 18 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1950 to Aug 18, 1959 last saw her alive on 8/18, 1959, death is said to have occurred on the date stated above, at 8 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) BRONCHO PNEUMONIA	2 DAYS
Due To (b) ARTERIO-SCLEROTIC HEART DISEASE	10 yr
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? 0
What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Fred O'Regan, M. D.
(Address) 113 Pleasant St Winthrop Date 8/18 1959

6 Holy Cross Cemetery Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL August 20 1959

7 NAME OF FUNERAL DIRECTOR Geo M Norton
ADDRESS 726 Saratoga St. East Boston

Received and filed AUG 20 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE
9 COLOR WHITE
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) SINGLE

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 99 Years ... Months ... Days — If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Housework
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) EAST BOSTON
(State or country) MASS

PARENTS

17 NAME OF FATHER Michael J. Cunningham

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Ellen Hoey

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass

21 Informant Mrs. Marie Shaw
(Address) 87 St Andrews Rd East B

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Streamer
(Signature of Agent of Board of Health or other)

Health Officer 8/19/59
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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RUCTIONS FOR CERTIFICATE

giving OF DEATH

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50M-1-58-921876

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 152

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 14 Orlando Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Belle Violet Franklin (Tarbox)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 14 Orlando Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months ____ days. In place of residence 44 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August (Month) 22 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ____, 19__, to AUGUST 22, 1959
I last saw her alive on AUGUST 22, 1959, death is said to have occurred on the date stated above, at 11:55 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) CARDIAC DECOMPENSATION	2 DAYS
Due To (b) ARTERIOSCLEROTIC HEART DISEASE	10 YEARS
Due To (c)	
OTHER SIGNIFICANT CONDITIONS UREMIA - CHRONIC NEPHRITIS	1 YEAR

Was autopsy performed? NO
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? ____
If so, specify NO

(Signed) A. M. C. ____, M. D.
(Address) 19 Merrimac St. Boston Date Aug. 22, 1959

6 Place of Burial or Cremation: Winthrop Cemetery Winthrop, Mass. (City or Town)
DATE OF BURIAL August 24, 1959 19__

7 NAME OF FUNERAL DIRECTOR [illegible]
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed AUG 24 1959 19__
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: female
9 COLOR: white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

10a If married, widowed, or divorced
HUSBAND of ____ (Give maiden name of wife in full)
(or) WIFE of Lewis Warren Franklin (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years 2 Months 21 Days — If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: housewife (Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Farmington (State or country) Maine

PARENTS

17 NAME OF FATHER Jacob Currier Tarbox

18 BIRTHPLACE OF FATHER (City) Farmington (State or country) Maine

19 MAIDEN NAME OF MOTHER Columbia Whitney

20 BIRTHPLACE OF MOTHER (City) Farmington (State or country) Maine

21 Informant Mrs. Clark S. Sears
(Address) 14 Orlando Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph E. Sercomb
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) Aug. 24, 1959 (Date of Issue of Permit)

V.B.V.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen., G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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UCTIONS
FOR
CERTIFICATE

giving
OF DEATH

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Chapter 137,
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50M-1-58-921876

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 153

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Convalescent Home St. 142 Pleasant St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles I. Kelley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 997 Shirley St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death X years 5 months X days. In place of residence 40 years X months X days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 22 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 5/26/55, 1955 to 8/22/, 1959
I last saw him alive on August 21, 1959, death is said to have occurred on the date stated above, at 1:00A.m.

INTERVAL BETWEEN ONSET AND DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Broncho pneumonia left three days

Due To (b) Arterio sclerotic & hypertensive heart disease. 5 yrs

Due To (c) Benign prostatic hypertrophy 3 yrs.

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No
What test confirmed diagnosis? Clinical & Lab.

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. Trauenstein, Jr., M. D.
(Address) 73 Bartlett Rd. Date August 22, 1959

6 Puritan Lawn Cemetery, W. Peabody
Place of Burial or Cremation (City or Town)
DATE OF BURIAL August 24 1959

7 NAME OF FUNERAL DIRECTOR RICHARDSON'S FUNERAL HOME
ADDRESS 48 LAFAYETTE PARK, LYNN
AUG 24 1959

Received and filed 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M
9 COLOR W
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of Essie Daley
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 91 Years 6 Months 21 Days
If under 24 hours Hours Minutes

13 Usual Occupation: Salesman & Manager
(Kind of work done during most of working life)

14 Industry or Business: Dairy Products

15 Social Security No. ~~[illegible]~~ 012-14-0042

16 BIRTHPLACE (City) Rockville
(State or country) Nova Scotia

PARENTS
17 NAME OF FATHER Daniel Kelley
18 BIRTHPLACE OF FATHER (City) Rockville
(State or country) Nova Scotia
19 MAIDEN NAME OF MOTHER Katherine Hilton
20 BIRTHPLACE OF MOTHER (City) Rockville
(State or country) Nova Scotia

21 Informant Percey G. Kelley
(Address) 94 Porter St., Melrose

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Sereanno, D.
(Signature of Agent of Board of Health or other)
Health Officer 8/24/59
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required hy section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen.' G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the hoard of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall he issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can he obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to he held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by violence (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 1254

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anthony Schipani
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. (Usual place of abode) No. 34 Sydney St St. Somerville (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months ____ days. In place of residence 16 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 8 (Month) 26 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 7/23, 1959 to 8/26/, 1959
I last saw him alive on 8/26/, 1959, death is said to have occurred on the date stated above, at 4:50 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Anaplastic Carcinoma of Gall Bladder Transverse Colon	2 mos.
Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? No
What test confirmed diagnosis? Lab. & Surgery

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles Palmieri, M. D.
(Address) 342 Hanover St Boston 8/26/59

6 Holy Cross Cemetery, Malden
Place of Burial or Cremation (City or Town)
DATE OF BURIAL August 29 1959

7 NAME OF FUNERAL DIRECTOR [illegible]
ADDRESS [illegible]

Received and filed AUG 26 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M

9 COLOR white

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Angelina Voci
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years ____ Months ____ Days
If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: Machine Operator
(Kind of work done during most of working life)

14 Industry or Business: Cambridge, Mass.

15 Social Security No. 031-01-4978

16 BIRTHPLACE (City) (State or country) Italy

PARENTS

17 NAME OF FATHER Joseph Schipani

18 BIRTHPLACE OF FATHER (City) (State or country) Italy

19 MAIDEN NAME OF MOTHER Marrianna Grande

20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant Angelina Schipani
(Address) 34 Sydney St, Somerville, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Greaves
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

8/26/59
(Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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P. 46, §§ 9 &
P. 114 §§ 45,
AP. 38 § 6.)

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-58-923886

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 155

PLACE OF DEATH

1 Suffolk (County)
Winthrop (City or Town)
Mayflower Nursing Home
No. 39 Grover Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nora Creedon Sullivan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 28 Irwin St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 6 months 26 days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 28, 1959 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct., 1955, to Aug. 28, 1959
I last saw her alive on Aug. 28, 1959, death is said to have occurred on the date stated above, at 5:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Coronary Occlusion, acute	1 day
Due To (b) Hypertensive-Cardio Vascular Heart Disease	5 yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS None.	

Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles Liberman, M. D.
(Address) Winthrop Mass. Date 8/29/1959

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL August 31 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass.

Received and filed AUG 31 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Jeremiah Creedon
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years Months Days — If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Ireland

PARENTS
17 NAME OF FATHER Dennis Sullivan
18 BIRTHPLACE OF FATHER (City) (State or country) Ireland
19 MAIDEN NAME OF MOTHER Julia Howard
20 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

21 Informant Jeremiah C reedon
(Address) 28 Irwin St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Hirsanne
(Signature of Agent of Board of Health or other)

Ho.
(Official Designation) (Date of Issue of Permit) 8/31/59

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for additional information. See also Chap. 38, §§ 6, 20; Chap. 46, §§ 9, 10; Chap. 114, §§ 44-48.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-3-59-924934

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 138

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 335 Winthrop St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna Benson (DOYLE (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 335 Winthrop St Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years 6 months days. In place of residence 2 years 6 months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August (Month) 29 (Day) 1959 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

RHEUMATIC HEART DISEASE WITH AORTIC STENOSIS
ACUTE CARDIAC DECOMPENSATION

5 Accident, suicide, or homicide (specify)

Date and hour of injury 19

IF ACCIDENTAL, was injury causally related to the death?

Where did Injury occur? (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury (How did injury occur?)

Nature of Injury

While at work? Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael A. Luongo, M. D.

MICHAEL A. LUONGO M.D. (Print or Type Signature)

(Address) Boston Date 8/30 19 59

7 HOLY CROSS MALDEN Place of Burial, or Cremation (City or Town)

DATE OF BURIAL SEPT 2 1959 19

8 NAME OF FUNERAL DIRECTOR LESLIE W PIKE

ADDRESS 305 BEACH ST REVERE

Received and filed SEP 10 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX FEMALE

10 COLOR WHITE

11 SINGLE MARRIED WIDOWED or DIVORCED (write the word) MARRIED.

11a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of HERMAN W BENSON. (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 30 Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation: AT HOME HOUSEWIFE (Kind of work done during most of working life)

15 Industry or Business: NONE AT HOME

16 Social Security No. 034-20-8764

17 BIRTHPLACE (City) REVERE (State or country) MASS

PARENTS

18 NAME OF FATHER JOSEPH E DOYLE

19 BIRTHPLACE OF FATHER (City) ~~BOS~~ (State or country) IRELAND.

20 MAIDEN NAME OF MOTHER MARGARET DONOVAN

21 BIRTHPLACE OF MOTHER (City) BOSTON (State or country) MASS

22 Informant HERMAN W. BENSON

(Address) 335 WINTHROP ST WINTHROP

I HEREBY CERTIFY that a satisfactory standard burial permit was filed with me BEFORE the burial or transit permit was issued.

Claire Baldwin (Signature of Agent of Board of Health or other)

E 21366 (Official Designation) 8/31/59 (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a collision of railroad train and automobile." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic for (enter name of operation and disease or condition requiring surgery)." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

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Chapter 137,
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P. 46, §§ 9 &
P. 114 §§ 45,
AP. 38 § 6.)

0-58-923886

JURISDICTION WAIVED BY MED. EXAMINER

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 152

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
Mount's Convalescent Home
No. 104 Highland Ave., Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bertha ~~Loessel~~ (Loessl)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 104 Highland Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 3 years ___ months ___ days. In place of residence 3 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH AUG 29 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from AUG 28, 1959, to AUG 29, 1959
I last saw her alive on AUG 28, 1959, death is said to have occurred on the date stated above, at 930 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) ARTERIO-SCLEROTIC HEART DISEASE WITH	
Due To (b) CONGESTIVE FAILURE	1 YR
Due To (c) ACUTE GASTRO-ENTERITIS.	2 DAYS
OTHER SIGNIFICANT CONDITIONS NONE	

Was autopsy performed? No
What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Myron N. King, M. D.
(Address) 222 PLEASANT ST WINTHROP Date 8/29 1959

6 Forest Hills Boston
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Sept 1 1959

7 NAME OF FUNERAL DIRECTOR P. E. Murray
ADDRESS 54 Roxbury St Roxbury

Received and filed AUG 31 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) widow

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of C. Henry Loessl
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years ___ Months ___ Days
If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. Refused

16 BIRTHPLACE (City) Loeven fald
(State or country) Germany

PARENTS

17 NAME OF FATHER Unable to learn Petroll

18 BIRTHPLACE OF FATHER (City)
(State or country) Germany

19 MAIDEN NAME OF MOTHER Unable to learn

20 BIRTHPLACE OF MOTHER (City)
(State or country) Germany

21 Informant Mrs Jeannette Johnston
(Address) Fort Banks Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph E. Greaume
(Signature of Agent of Board of Health or other)
HO
(Official Designation) (Date of Issue of Permit) Aug. 31/59

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

AUG 31 1950

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for additional information. See also Chap. 38, §§ 6, 20; Chap. 46, §§ 9, 10; Chap. 114, §§ 44-48.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-3-59-924934

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 258

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 62 Ingelside Ave., Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME WILLIAM McMURRAY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 62 Ingelside Avenue St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August (Month) 29 (Day) 1959 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Arteriosclerosis of coronary arteries with acute coronary insufficiency.

5 Accident, suicide, or homicide (specify)

Date and hour of injury .....19.....

IF ACCIDENTAL, was injury causally related to the death?

Where did Injury occur? Collapsed while operating motor car. (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury No injury. (How did injury occur?)

Nature of Injury

While at work? Was autopsy performed? Yes

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael A. Luongo, M. D.

Michael A. Luongo, M. D., (Print or Type Signature)

(Address) Boston, Mass. Date 8/29 19 59

7 Place of Burial, or Cremation. Winthrop Cem. Winthrop (City or Town) Winthrop

DATE OF BURIAL Sept. 1, 19 59

8 NAME OF FUNERAL DIRECTOR Maurice W Kirby

ADDRESS 210 Winthrop St. Winthrop

Received and filed SEP 1 1959 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male

10 COLOR White

11 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

11a If married, widowed, or divorced HUSBAND of Clara Boudreau (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 56 Years.....Months.....Days If under 24 hours .....Hours .....Minutes

14 Usual Occupation: Sales Engineer (Kind of work done during most of working life)

15 Industry or Business: Self

16 Social Security No.

17 BIRTHPLACE (City) East Boston (State or country)

PARENTS

18 NAME OF FATHER John McMurray

19 BIRTHPLACE OF FATHER (City) Glasgow (State or country) Scotland

20 MAIDEN NAME OF MOTHER Jane Kelley

21 BIRTHPLACE OF MOTHER (City) Glasgow (State or country) Scotland

22 Informant Clara McMurray (Address) 62 Ingelside Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Lirasino
(Signature of Agent of Board of Health or other)

H.O. (Official Designation) Sept 1/59 (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RECEIVED
SEP 1 1953

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a collision of railroad train and automobile." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic for (enter name of operation and disease or condition requiring surgery)." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

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100M-11-55-916145

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 159

PLACE OF DEATH

1 SUFFOLK (County)

WINTHROP (City or Town)

No. MOUNT'S CONVALESENT HOME St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

104 HIGHLAND AVE.

2 FULL NAME MARIA MORELLO
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 7 MINOT St. BOSTON
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 10 months days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August (Month) 29 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h.....alive on ....., 19....., death is said to have occurred on the date stated above, at Approximately 5:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Death was presumably

Due To (b) due to natural causes. Winthrop

Due To (c) Board of Health.

OTHER SIGNIFICANT CONDITIONS Charles Liberman, M.D.

INTERVAL BETWEEN ONSET AND DEATH

Was autopsy performed?.....
What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) Charles Liberman M. D.

(Address) Winthrop, Mass Date 8/29/1959

6 ST MICHAEL BOSTON
Place of Burial or Cremation (City or Town)

DATE OF BURIAL SEPT 1 1959

7 NAME OF FUNERAL DIRECTOR Joseph Russo

ADDRESS 42 GREEN ST BOSTON

Received and filed AUG 31 1959 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE

9 COLOR WHITE

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) MARRIED

10a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of SEBASTIANO MORELLO
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years Months Days | If under 24 hours Hours Minutes

13 Usual Occupation: HOUSEWIFE
(Kind of work done during most of working life)

14 Industry or Business: .....

15 Social Security No. NONE

16 BIRTHPLACE (City) (State or country) ITALY

PARENTS

17 NAME OF FATHER FRANCESO RIERA

18 BIRTHPLACE OF FATHER (City) (State or country) ITALY

19 MAIDEN NAME OF MOTHER GAETANA GIANINO

20 BIRTHPLACE OF MOTHER (City) (State or country) ITALY

21 Informant GAETANO MORELLO SON
(Address) 27 MADISON ST W. MEDFORD

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Sirianni
(Signature of Agent of Board of Health or other)

H.O.
(Official Designation)

Aug 31/59
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

AUG 3 1955

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 160

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 23 Edgehill Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Dorothy Mary Booth
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 23 Edgehill Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 27 years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August (Month) 30 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 31, 1959, to August 25, 1959
I last saw her alive on August 25, 1959, death is said to have occurred on the date stated above, at 11:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Carcinoma of Breast.

INTERVAL BETWEEN ONSET AND DEATH 6 yrs.

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No
What test confirmed diagnosis? Clinical & Pathological

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles Lieberman, M. D.
(Address) Winthrop, Mass Date 8/31/1959

6 St. Joseph's Boston
Place of Burial or Cremation (City or Town)
DATE OF BURIAL September 2 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS 79 Atlantic St. Winthrop

Received and filed SEP 1 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Divorced

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Charles Whitehouse
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 30 Years Months Days
If under 24 hours Hours Minutes

13 Usual Occupation: Secretary
(Kind of work done during most of working life)

14 Industry or Business: Law

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country) Massachusetts

PARENTS

17 NAME OF FATHER Thomas E. Booth

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Mary E. Mahoney

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Massachusetts

21 Informant Mary Booth
(Address) 23 Edgehill Road, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Sirianni
(Signature of Agent of Board of Health or other)

H.O. Sept 1/59
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

RECEIVED
1959 AM

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 182

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)

No. Winthrop Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rebecca Ross
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No.

(a) Residence. No. 80 Mountwood Rd. St. Swampscott
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 5 days. In place of residence 4 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 31, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from October, 1959, to August 31, 1959
I last saw her alive on August 31, 1959, death is said to have occurred on the date stated above, at 10:30 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

	INTERVAL BETWEEN ONSET AND DEATH
(a) Coronary Occlusion, acute Myocardial infarction, ant.	6 days
Due To (b) Hypertensive - Coronary Artery Heart Disease	10 yrs.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Diabetes Mellitas	10 yrs.

Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles Liberman, M. D.
(Address) Winthrop, Mass. Date 8/31/1959

Place of Burial or Cremation Mt. Russell Synagogue Everett. (City or Town)
DATE OF BURIAL Sept. 1, 1959

7 NAME OF FUNERAL DIRECTOR Louis Hymanson
ADDRESS Lynn Mass.

Received and filed SEP 1 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX	9 COLOR	10 SINGLE MARRIED WIDOWED or DIVORCED (write the word)
Female	White	Widowed

10a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Harry Ross. (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years ? Months ? Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: at Home

15 Social Security No. None

16 BIRTHPLACE (City) (State or country) Russia

PARENTS
17 NAME OF FATHER David L. Rosenfeld
18 BIRTHPLACE OF FATHER (City) (State or country) Russia
19 MAIDEN NAME OF MOTHER Tzevia - unknown
20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant Raymond Ross - Son
(Address) 69 Kensington Lane Swampscott

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph E. Sereno
(Signature of Agent of Board of Health or other)
M. O. (Official Designation) Aug. 31, 59 (Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease, unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-2-59-922072

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or Town issuing this return) Chelsea

162

Registered No. 416

PLACE OF DEATH

1 Suffolk (County)

Chelsea (City or Town)

No. U.S. Naval Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Pae (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 70 Bowdoin St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death — years — months — days. In place of residence — years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug. 7, 1959 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from _____, 19__, to _____, 19__

I last saw h__ alive on _____, 19__, death is said to have occurred on the date stated above, at _____ m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Stillborn.

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

INTERVAL BETWEEN ONSET AND DEATH

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred C. Richardson, M. D.

(Address) USNH, Chelsea, Mass. Date 8/7/59, 19

6 Place of Burial or Cremation Woodlawn, Everett, Mass. (City or Town)

DATE OF BURIAL Aug. 13, 1959, 19

7 NAME OF FUNERAL DIRECTOR Willwerth Fun. Home

ADDRESS Somerville, Mass.

Received and filed SEP 17 1959, 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)

(or) WIFE of _____ (Husband's name in full)

11 IF STILLBORN, enter that fact here stillborn

12 AGE — Years — Months — Days

If under 24 hours — Hours — Minutes

13 Usual Occupation: _____ (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Chelsea, Mass.

PARENTS

17 NAME OF FATHER Harry J.

18 BIRTHPLACE OF FATHER (City) (State or country) Trenton, N. J.

19 MAIDEN NAME OF MOTHER Elizabeth A. Lestor

20 BIRTHPLACE OF MOTHER (City) (State or country) Trenton, N. J.

21 Informant Elizabeth A. Pae (mother)

(Address) Winthrop, Mass.

A TRUE COPY

ATTEST: Joseph A. Tyrrell (Registrar of City or Town where death occurred)

DATE FILED Aug. 14, 1959, 19

RECEIVED
SEP 17 1959 AM

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-2-59-922072

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Barnstable (City or Town making this return)

Registered No. 220163

1 PLACE OF DEATH
Barnstable (County)
Barnstable (City or Town)
No. (Hyannis) Cape Cod Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Male) Pumphret (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. (Usual place of abode) St. Winthrop, Mass. (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence ....years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August (Month) 22 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from – ....., 19....., to ....., 19.....

I last saw h....alive on ....., 19....., death is said to have occurred on the date stated above, at 9:40p m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Prematurity - duration-6½ mos.

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

INTERVAL BETWEEN ONSET AND DEATH

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. Robert Harned, M. D.

(Address) Chatham, Mass. Date 8-24- 19 59

6 Place of Burial or Cremation Seaside Cem. Chatham, Mass. (City or Town)

DATE OF BURIAL Aug. 24 19 59

7 NAME OF FUNERAL DIRECTOR Chatham Memorial Chapel

ADDRESS 236 Old Harbor Rd., Chatham

Received and filed SEP 14 1959 19....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR white

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE ....Years....Months....Days If under 24 hours ....Hours 15 Minutes

13 Usual Occupation: Infant (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) (Hyannis) Barnstable (State or country) Mass.

PARENTS

17 NAME OF FATHER William F. Pumphret

18 BIRTHPLACE OF FATHER (City) Boston, Mass. (State or country)

19 MAIDEN NAME OF MOTHER Eleanor C. Burns

20 BIRTHPLACE OF MOTHER (City) Boston, Mass. (State or country)

21 Informant William F. Pumphret (Address) 235 Wash. Ave., Winthrop

A TRUE COPY ATTEST: Howard W. Deane (Registrar of City or Town where death occurred)

DATE FILED Aug. 24 19 59

RECEIVED

SEP 14 1970

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-2-58-922072

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

TEWKSBURY HOSPITAL
(City or Town making this return)

Registered No. 199164

1 PLACE OF DEATH
Middlesex (County)
Tewksbury, Mass. (City or Town)
No. TEWKSBURY HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Audriann Nigrelli
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR) ----

(a) Residence. No. 123 Locust Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 0 years 7 months 9 days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 24, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1959 to August 24, 1959
I last saw h.en alive on August 24, 1959, death is said to have occurred on the date stated above, at 9:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Myelomeningocoele and Hydrocephalus

INTERVAL BETWEEN ONSET AND DEATH: since birth

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Lois B. Crowell, M. D.
(Address) Tewksbury Hospital Date 8-24- 1959

6 Place of Burial or Cremation Winthrop Cemetery, Winthrop, Mass
(City or Town)
DATE OF BURIAL August 26 1959

7 NAME OF FUNERAL DIRECTOR Ernest C. Caggiano
ADDRESS 147 Winthrop St., Winthrop

Received and filed SEP 16 1959 19
Supt.
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Infant

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 0 Years 9 Months 1 Days
If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Infant
(Kind of work done during most of working life)

14 Industry or Business: ---------

15 Social Security No. ----------

16 BIRTHPLACE (City) Revere
(State or country) Mass.

PARENTS

17 NAME OF FATHER Cosimo Nigrelli

18 BIRTHPLACE OF FATHER (City) Lawrence
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Marie Dudley

20 BIRTHPLACE OF MOTHER (City) Chelsea
(State or country) Mass.

21 Informant Hospital Records
(Address)

A TRUE COPY
ATTEST: [signature] Supt.
(Registrar of City or Town where death occurred)

DATE FILED August 24 1959

SEP 16 1959

R-301A

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ificates.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 165

PLACE OF DEATH

1 Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Justin Alexander Duncan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 52 Lowell Road St. Winthrop - Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months 5 1/2 days. In place of residence 40 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September - 6 - 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY. That I attended deceased from 31 Aug., 1959, to 6 Sept, 1959
I last saw him alive on 5 Sept, 1959, death is said to have occurred on the date stated above, at 8.30 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Coronary Thrombosis	5 Days
Due To (b) Arteriosclerotic Heart Disease	5 years
Due To (c) Arteriosclerosis	5 years
OTHER SIGNIFICANT CONDITIONS Terminal Bronchopneumonia Bronchiectasis	1 day

Was autopsy performed? Yes
What test confirmed diagnosis? ECG - x RAY

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) John F Collins, M. D.
(Address) Revere Mass Date 6 Sept 59

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL September 9, 1959

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed SEP 8 1959
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male
9 COLOR white
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) married

10a If married, widowed, or divorced
HUSBAND of Ellen Josephine Oliver
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 10 Months 3 Days
If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: retired banker
(Kind of work done during most of working life)

14 Industry or Business: savings bank

15 Social Security No. 013-05-8037

16 BIRTHPLACE (City) Somerville
(State or country) Massachusetts

PARENTS

17 NAME OF FATHER William Duncan

18 BIRTHPLACE OF FATHER (City) Portsmouth
(State or country) England

19 MAIDEN NAME OF MOTHER Mary Ann Whyte

20 BIRTHPLACE OF MOTHER (City) Dundee
(State or country) Scotland

21 Informant Mrs. Ellen O. Duncan
(Address) 52 Lowell Road, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other) Ralph E. Swanne
(Official Designation) H.O. (Date of Issue of Permit) Sept 8 - 1959

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-302

WRITE PLAINLY, WITH UNFADING INK

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(b)-11-49-900,475

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Swansea (City or town making return)

Registered No. 22 166

1 PLACE OF DEATH: Bristol (County); Swansea (City or Town)

No. 936 Gardner Hls. Rd St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rebecca Freeman (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 15 Nevada St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years 1 months 15 days. In place of residence 45 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. (Month) 15 (Day) 1959. (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1955, to Sept. 15, 1959.

I last saw her alive on Sept. 15, 1959, death is said to have occurred on the date stated above, at 9:20 P.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) CARCINOMA LEFT OVARY WITH METASTASES To	4½ yr.
ANTECEDENT CAUSES Due To (b) RIGHT OVARY	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS RECURRENT MALIGNANT DISEASE TO ABDOMEN	1 yr.

Major findings: Of operations NO

Date of operation ..... Was autopsy performed? ..... What test confirmed diagnosis? Pathological Exam.

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify .....

(Signed) Cornelius H. Hawes M. D.

(Address) Fall River, Mass. Date Sept. 16 1959

6 The Pride of Jacob West Roxbury Mass. (Place of Burial or Cremation) (City or Town)

DATE OF BURIAL Sept. 17 1959

7 NAME OF FUNERAL DIRECTOR Paul Levine

ADDRESS 470 Harvard St, Brookline Mass.

Received and filed Sept ~~16~~ 29 1959

~~Albert B. Almy~~ (Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female

9 COLOR OR RACE: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

10a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years – Months – Days. If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Bookkeeper (Kind of work done during most of working life)

14 Industry or Business: .....

15 Social Security No. .....

16 BIRTHPLACE (City) ..... (State or country) Russia

PARENTS

17 NAME OF FATHER Jacob Freeman

18 BIRTHPLACE OF FATHER (City) ..... (State or country) Russia

19 MAIDEN NAME OF MOTHER Anna Metcalf

20 BIRTHPLACE OF MOTHER (City) ..... (State or country) Russia

21 Informant Dr. William Freeman (Address) 936 Gardner Hls. Rd. Swansea

A TRUE COPY

ATTEST: Albert B. Almy (Registrar of City or Town where death occurred)

DATE FILED Sept. 16 1959

V.B.

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
SEP 29 1959 AM

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P. 114 §§ 45,
AP. 38 § 6.)

-58-923886

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 167

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 170 Circuit Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Honora V. Overlan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 170 Circuit Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 27 years ... months ... days. In place of residence 27 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 17, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1949, to Sept. 17, 1959

I last saw her alive on Sept 16, 1959, death is said to have occurred on the date stated above, at 12:15 P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Chronic Myocardial Insufficiency	6 mos
Due To (b) Arteriosclerotic Heart Disease	10 yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Worthy Cheney Appleton, M. D.

(Address) 197 Woodside Ave Winthrop, Mass Date 9/18 1959

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL September 21, 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass.

Received and filed SEP 18 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female

9 COLOR: White

10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Leo H. Overlan
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years ... Months ... Days — If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. ----

16 BIRTHPLACE (City) Hoboken
(State or country) New Jersey

PARENTS

17 NAME OF FATHER Michael Murphy

18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Mary Carmody

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

21 Informant Leo H. Overlan
(Address) 170 Circuit Road

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Sullivan
(Signature of Agent of Board of Health or other)

H.O. (Official Designation) Sept. 18 1959 (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED
TOWN CLERK
WINTHROP, MASS.
SEP 18 1959 AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 168

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Mount's Convalescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louise E. Hutchinson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 47 Loring Rd. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..years..months..days. In place of residence ..years..months..days. 14 hrs

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept (Month) 19 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from October, 1955 to Sept. 19, 1959
I last saw her alive on Sept. 19, 1959, death is said to have occurred on the date stated above, at 4:50 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

	INTERVAL BETWEEN ONSET AND DEATH
(a) Hypertensive Coronary Artery Ht. Disease	5 yrs
Due To (b) Cardiac Decompensation	6 mos
Due To (c) Auricular Fibrillation	5 yrs

OTHER SIGNIFICANT CONDITIONS None

Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles Lieberman, M. D.
(Address) Winthrop, Mass Date 9/19/59

6 Place of Burial or Cremation St. Joseph's Burlington Vermont (City or Town)
DATE OF BURIAL Sept. 22 19 59

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS 45 Waldemar Ave. E. Boston

Received and filed SEP 18 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female
9 COLOR white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Wendell P. Hutchinson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 89 Years..Months..Days. If under 24 hours ..Hours..Minutes

13 Usual Occupation: housework
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No.

16 BIRTHPLACE (City) Waltham, Vermont
(State or country)

PARENTS

17 NAME OF FATHER Michael Purcell

18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Anne Tunney

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

21 Informant Bertha Queenan
(Address) 47 Loring Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Lerianne
(Signature of Agent of Board of Health or other)

H.O. (Official Designation) Sept 21/59 (Date of Issue of Permit)

100M-11-55-915145

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any persons found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 169

PLACE OF DEATH
1 (County) SUFFOLK.
(City or Town) WINTHROP
No. CORINHA BEACH St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOSEPH F CORINHA
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. CORINHA BEACH St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 69 years ___ months ___ days. In place of residence 69 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September (Month) 20 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 3 April, 1959, to 20 Sept, 1959
I last saw him alive on 19 Sept., 1959, death is said to have occurred on the date stated above, at 12:30 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Carcinoma of the	
Due To (b) Bladder	2 yrs
Due To (c)	—
OTHER SIGNIFICANT CONDITIONS	—

Was autopsy performed? no
What test confirmed diagnosis? cystoscopy

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Arthur C. Murray, M. D.
(Address) Winthrop Date 21 Sept 1959

6 WINTHROP WINTHROP
Place of Burial or Cremation (City or Town)
DATE OF BURIAL SEPT 23 1959

7 NAME OF FUNERAL DIRECTOR Maurice W Kirby
ADDRESS WINTHROP

Received and filed SEP 22 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE
9 COLOR WHITE
10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) MARRIED

10a If married, widowed, or divorced
HUSBAND of PHILOMENA PERRY
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years ___ Months ___ Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: LABORER
(Kind of work done during most of working life)

14 Industry or Business: ~~LABORER~~ WINTHROP WATER DEPT.

15 Social Security No.

16 BIRTHPLACE (City) BOSTON
(State or country) MASS

PARENTS
17 NAME OF FATHER ANTONE
18 BIRTHPLACE OF FATHER (City) AZORES
(State or country)
19 MAIDEN NAME OF MOTHER ROSA C PEBELLO
20 BIRTHPLACE OF MOTHER (City) AZORES.
(State or country)

21 Informant MRS JOSEPH CORINHA
(Address) CORINHA BEACH.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph E. Semanne
(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) 9/22/59

V.B.

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 170

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

Mount Rest Home

No. 104 Highland Ave. Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Whalen
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 255 Border St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 3 years 6 months days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. (Month) 23, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 10, 1945, to Sept 9, 1959
I last saw him alive on Sept 9, 1959, death is said to have occurred on the date stated above, at 11 P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

	INTERVAL BETWEEN ONSET AND DEATH
(a) Pulmonary Edema	Sept 9/59
Due To (b) Chronic Myocarditis	15 yrs
Due To (c) Hypertension and Hypertensive Heart Disease	15 yr
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? No
What test confirmed diagnosis? Clinical Exam
5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Louis E Schaffer, M. D.
(Address) 14 Bennington St Date Sept 23 1959

6 Holy Cross Place of Burial or Cremation Malden (City or Town)
DATE OF BURIAL Sept. 25, 1959

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby Inc.
ADDRESS 817 Bennington St. E. Boston

Received and filed 19
SEP 24 1959 (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years 3 Months 7 Days
If under 24 hours Hours Minutes

13 Usual Occupation: Stitcher
(Kind of work done during most of working life)

14 Industry or Business: Clothing

15 Social Security No. None

16 BIRTHPLACE (City) (State or country) Conception Bay N.F.

PARENTS

17 NAME OF FATHER William Whalen

18 BIRTHPLACE OF FATHER (City) (State or country) Conception Bay N.F.

19 MAIDEN NAME OF MOTHER Mary Bowe

20 BIRTHPLACE OF MOTHER (City) (State or country) Conception Bay N.F.

21 Informant Frederick Wilkie (Nephew)
(Address) 41 Centre St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Sirianne
(Signature of Agent of Board of Health or other)

H.O. (Official Designation) Sept. 24/59 (Date of Issue of Permit)

50M-5-56-917573

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 171

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME KENDALL Raymond T Kendall
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 255 Pleasant Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months 1 days. In place of residence 21 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. (Month) 29 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from JAN 5, 1955, to SEPT 29, 1959

I last saw him alive on SEPT. 29, 1959, death is said to have occurred on the date stated above, at 8 05 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) ACUTE CORONARY OCCLUSION	2 HRS.
Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS DUODENAL ULCER	2 YRS.

Was autopsy performed? No

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Myron D. King, M. D.

(Address) 222 PLEASANT ST. WINTHROP Date 9/29 1959

6 Woodbrook Woburn
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 2 1959

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop Mass

Received and filed OCT 1 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Lilla L Wheeler
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 49 Years 5 Months 18 Days | If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: Salesman
(Kind of work done during most of working life)

14 Industry or Business: Clothing

15 Social Security No. 022-01-1270

16 BIRTHPLACE (City) Winchester
(State or country) Mass.

PARENTS

17 NAME OF FATHER Arthur T Kendall

18 BIRTHPLACE OF FATHER (City) Winchester
(State or country) Mass

19 MAIDEN NAME OF MOTHER Ellen Finney

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.

21 Informant Lilla L Kendall
(Address) 255 Pleasant St. Winthrop, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Sullivan M.D.
(Signature of Agent of Board of Health or other)

Health Officer 10/1/59
(Official Designation) (Date of Issue of Permit)

50M-1-58-921876

V.B/R

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

RECEIVED
TOWN CLERK
WINTHROP
OCT 1 1959 PM 1 30

MR 301A

THIS IS A NENT RECORD. se only APPROVED ink or black writer ribbon.

TRUCTIONS FOR L CERTIFICATE giving OF DEATH not enter than one for each (b) and (c)

does not mean of dying, heart failure, etc. It means or compli- which caused

ons, if any, gave rise to cause (a), the under- cause last.

tions contrib- death but not the terminal ondition given

Chapter 137, 954, requires a to print or cause or f death on tificates.

AP. 46, §§ 9 & AP. 114 §§ 45, IAP 38§ 6.)

4 1959

O-59-523806

172

OUT - OF - TOWN

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 6185

PLACE OF DEATH

1 SUFFOLK (County)

ROXBURY (City or Town)

No. Jewish Memorial Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MILDRED C. BRADLEY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence, No. 21 Paine Street St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years 12 months 29 days. In place of residence 26 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JUNE 25, 1959 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from JULY 5, 1958, to JUNE 25, 1959. I last saw him alive on JUNE 25, 1959, death is said to have occurred on the date stated above, at 12:20 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) PULMONARY EDEMA	HOURS
Due To (b) ARTERIOSCLEROTIC HEART DISEASE	YEARS
Due To (c)	
OTHER SIGNIFICANT CONDITIONS RIGHT MIDDLE CEREBRAL THROMBOSIS	

Was autopsy performed? YES

What test confirmed diagnosis? AUTOPSY AND CLINICAL

5 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. Weloistein, M. D.

(Address) Jew. Mem. Hosp. Date June 25, 1959

6 Winthrop Cemetery, Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 29th 1959

7 NAME OF FUNERAL DIRECTOR Edmund W. Mitchell Richard C. Kirby

ADDRESS 917 Bennington St., E.Boston

Received and filed JUN 29 1959

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F

9 COLOR W

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) MARRIED

10a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of Hugh H. Bradley (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years 6 Months 2 Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) Fitchburg (State or country) Mass.

PARENTS

17 NAME OF FATHER Samuel Peterson

18 BIRTHPLACE OF FATHER (City) ..... (State or country) Sweeden

19 MAIDEN NAME OF MOTHER Anna Anderson

20 BIRTHPLACE OF MOTHER (City) ..... (State or country) Sweeden

21 Informant Hugh L. Bradley-son
(Address) 63 Montmorenci Ave, E.Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

R. Rogerson
(Signature of Agent of Board of Health or other)

3396 (Official Designation) 6-26-59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
NOV - 4 1959 AM

173

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent.

Registered No. 6358

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON (City or Town)

No. Massachusetts General Hospital BAKER MEMORIAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ~~Ray Secatore~~ (RANETO SECATORE)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 63 Pleasant St. Winthrop, Massachusetts
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay. In place of death ____ years ____ months 6 days. In place of residence 5 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 1, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 25, 1959 to July 1, 1959 and last saw him alive on July 1, 1959, death is said to have occurred on the date stated above, at 2:35P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE — INTERVAL BETWEEN ONSET AND DEATH

(a) Coronary heart disease with acute myocardial infarction — 1 week

Due To (b) ____

Due To (c) ____

OTHER SIGNIFICANT CONDITIONS Hypertension — 5yrs

Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) C. L. Clay, M. D.
(Address) Charles L. Clay, M.D. Ass't Dir. Mass. Gen'l Hosp. Date 7-1-1959

6 Place of Burial or Cremation HOLYCROSS CEMETERY (City or Town) MALDEN
DATE OF BURIAL JULY 4TH 1959

7 NAME OF FUNERAL DIRECTOR RICHARD C. KIRBY INC.
ADDRESS 917 BENNINGTON ST EAST BOSTON

Received and filed JUL - 6 1959
Charles H. Mackie (Registrar)

NOV 10 1959

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M — 9 COLOR W — 10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) MARRIED

10a If married, widowed, or divorced HUSBAND of EDITH AVALLONE (Give maiden name of wife in full)
(or) WIFE of ____ (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years 5 Months ____ Days — If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: DRESS DESIGNER (Kind of work done during most of working life)

14 Industry or Business: CLOTHING

15 Social Security No. 011-03-7346

16 BIRTHPLACE (City) (State or country) ITALY

PARENTS

17 NAME OF FATHER DOMENICK SECATORE

18 BIRTHPLACE OF FATHER (City) (State or country) ITALY

19 MAIDEN NAME OF MOTHER ADELE DESIDERIO

20 BIRTHPLACE OF MOTHER (City) (State or country) ITALY

21 Informant MRS. EDITH SECATORE - WIFE
(Address) 63 PLEASANT ST WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

3456 (Official Designation) 7-2-59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
NOV 10 1959 AM

U-41179

174

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent

Registered No. 6479

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)

No. Veterans Administration Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOHN W. BENSON
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) WWI

(a) Residence. No. 85 Cottage Avenue xx Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years ___ months -1 days. In place of residence 3 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 3 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 3, 1959, to July 3, 1959, death is said to have occurred on the date stated above, at 4:00 P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Hours

Due To (b) Arteriosclerotic heart disease with coronary thrombosis. — (Years) Hours

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? Yes
What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? ___
If so, specify John J. Schmidt

(Signed) John J. Schmidt, M. D.
(Address) VAH Boston, Mass. Date July 4 1959

6 Forest Hills Cemetery Boston, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL July 1959

7 NAME OF FUNERAL DIRECTOR Granstrom Funeral Home
ADDRESS 821 Cummins Highway, Mattapan, Mass.

Received and filed JUL - 8 1959 Charles H. Mackie 19
NOV 9 1959 (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of ___ (Give maiden name of wife in full)
(or) WIFE of ___ (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years 9 Months 3 Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Printer (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 017 16 0686

16 BIRTHPLACE (City) Roxbury (State or country) Massachusetts

PARENTS
17 NAME OF FATHER Martin
18 BIRTHPLACE OF FATHER (City) (State or country) Sweden
19 MAIDEN NAME OF MOTHER Matilda Magnuson
20 BIRTHPLACE OF MOTHER (City) (State or country) Sweden

21 Informant Hospital Records
(Address) 150 S. Huntington Ave., Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
W. L. Hennessy E 20269
(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) July 6, 1959

USV

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED
NOV 9 1959 AM

175

OUT - OF - TOWN

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 6613

PLACE OF DEATH

1 Suffolk (County)
Boston (City or Town)
No. Beth Israel Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frieda R. Chancey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence, No. 9 Faun Bar Ave. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months 9 hours days. In place of residence ____ years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 9 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 10 AM 9 July, 1959, to 12 PM 9 July, 1959. I last saw her alive on 9 July, 1959, death is said to have occurred on the date stated above, at 12 P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Myocardial infarction	9 hours
Due To (b) Hypertensive Arteriosclerotic Heart disease	28 years
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? No
What test confirmed diagnosis? EKG

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Jacob E. Berger, M. D.
(Address) 330 Brookline Ave. Boston Date 9 July 1959

6 Israel & Revere Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL July 10 1959

7 NAME OF FUNERAL DIRECTOR Tarr Funeral Service Inc.
ADDRESS 151 Washington St Chelsea

Received and filed JUL 14 1959 19
Charles H. Mackie (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of ____ (Give maiden name of wife in full)
(or) WIFE of Nathan Chancey (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 47 Years ____ Months ____ Days
If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation Dock Keeper (Kind of work done during most of working life)

14 Industry or Business: Motor Department

15 Social Security No. 020-30-7760

16 BIRTHPLACE (City) (State or country) Boston Mass

PARENTS

17 NAME OF FATHER Jack Marks

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Celia Marks

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant Isaac Dubchansky
(Address) 8 Dane St Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

M. J. Finkelstein
(Signature of Agent of Board of Health or other)

03569 (Official Designation)

July 10, 1959 (Date of Issue of Permit)

NOV 4 1959

VBV

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

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NOV – 4 1959 AM

176

SUP - OF - TOWN

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 6801

1 PLACE OF DEATH: Suffolk (County); Boston (City or Town)

No. BAKER MEMORIAL, MASSACHUSETTS GENERAL HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles A. Ring (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 176 Woodside Ave. St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years ___ months 10 days. In place of residence ___ years 3 months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 14 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 10, 1959, to July 14, 1959

I last saw him alive on July 14, 1959 death is said to have occurred on the date stated above, at 4:40a m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Metastatic squamous cell carcinoma of thumb to skin to arm and lungs — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C.L. Clay, M. D.

(Address) Asst. Dir. Mass. Gen. Hosp. Date 7-14-59

6 Place of Burial or Cremation: Blue Hill Cemetery, Braintree (City or Town)

DATE OF BURIAL July 16 1959

7 NAME OF FUNERAL DIRECTOR Mortimer N. Peck

ADDRESS Braintree, Massachusetts

Received and filed JUL 17 1959 19

Charles H. Mackie (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male

9 COLOR: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced HUSBAND of Blanche E. Roberts (Give maiden name of wife in full)

(or) WIFE of ___ (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years 11 Months 29 Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Maintenance Worker (Kind of work done during most of working life)

14 Industry or Business: Mason Regulator

15 Social Security No. 011-01-0179

16 BIRTHPLACE (City) (State or country) Canada

PARENTS

17 NAME OF FATHER Ezekiel Ring

18 BIRTHPLACE OF FATHER (City) (State or country) Canada

19 MAIDEN NAME OF MOTHER Unable to be Learned

20 BIRTHPLACE OF MOTHER (City) (State or country) Canada

21 Informant Mrs. Geneva Ayer-Daughter (Address) 176 Woodside Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

E 20479 (Official Designation) (Date of Issue of Permit)

I R-301A

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Chapter 137, 954, requires s to print or cause of death on tificates.

AP. 46, §§ 9 & P. 114 §§ 45, AP. 38 § 6.)

4 1959

0-86-623666

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

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RM R-301A

B.—THIS IS A
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STRUCTIONS
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HAP 38 § 6.)

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10-SA-023888

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN

177

To be filed for burial permit with Board of Health or its Agent

Registered No. 6896

PLACE OF DEATH

1 Suffolk (County)

Boston (City or Town)

No. Veterans Administration Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Daniel J. MURPHY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) WWI

(a) Residence, No. 45 Waldemar Ave. (Usual place of abode) Winthrop, Mass. (If nonresident, give city or town and State)

Length of stay: In place of death 0 years 8 months 17 days. In place of residence 50 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 16 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from October 29, 1958, to July 16, 1959, death is said to have occurred on the date stated above, at 11:15P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) 1. bronchopneumonia (days)	
2. Septisemia (days)	
Due To (b) 3. Decubiti (months)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Cerebral infarction	10 mos

Was autopsy performed? Yes
What test confirmed diagnosis? Autopsy&Clinical Findings

5 Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Edward Kubler M. D.
(Address) VAH, BOSTON, MASS. Date ... 19...

6 Place of Burial or Cremation Holy Cross Cem., Malden, Mass. (City or Town)
DATE OF BURIAL July 20 1959

7 NAME OF FUNERAL DIRECTOR Maurice Kirby
ADDRESS 210 Winthrop St., Winthrop, Mass.

Received and filed JUL 21 1959 19...
(Registrar) Chester H. Mack

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) MARRIED

10a If married, widowed, or divorced
HUSBAND of Catherine Campbell
(Give maiden name of wife in full)
(or) WIFE of ...
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 59 Years 9 Months 23 Days If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Lawyer
(Kind of work done during most of working life)

14 Industry or Business: ...

15 Social Security No. 025-03-9643

16 BIRTHPLACE (City) Boston (State or country) Mass.

PARENTS

17 NAME OF FATHER Dennis Murphy

18 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.

19 MAIDEN NAME OF MOTHER Mary Abley

20 BIRTHPLACE OF MOTHER (City) Salem (State or country) Mass.

21 Informant VA Hospital, 150 S. Huntington
(Address) Ave., Boston, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

E 20546 July 19 1959
(Official Designation) (Date of Issue of Permit)

V.B.

A TRUE COPY ATTEST:

Charles H. Mackie

Chief Registrar

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AP. 46, §§ 9 &
AP. 114 §§ 45,
HAP. 38 § 6.)

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V 4 1959
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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

178

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent

Registered No. 6929

PLACE OF DEATH

1 Suffolk (County)

Boston (City or Town)

No. New England Deaconess Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mr. Frank Greene
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 107 Locust St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ... years ... months 7 days. In place of residence 11 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 18 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 11, 1959, to July 18, 1959
I last saw him alive on July 18, 1959, death is said to have occurred on the date stated above, at 1:35 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) CARDIAC ARREST	1/2 HOUR
Due To (b) VENTRICULAR FIBRILLATION	1/2 HOUR
Due To (c)	

OTHER SIGNIFICANT CONDITIONS AORTIC STENOSIS, DIABETES
POST AORTIC VALVULOPLASTY 5 DAYS

Was autopsy performed? YES
What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?
If so, specify Alberto Palatchi, M.D.

(Signed) Alberto Palatchi, M. D.
(Address) 135 FRANCIS ST Date JULY 18 1959

6 Ohel Jacob, Woburn
Place of Burial or Cremation (City or Town)
DATE OF BURIAL July 19, 1959

7 NAME OF FUNERAL DIRECTOR Arnold Golov
ADDRESS 1668 Beacon St. Brookline

Received and filed JUL 21 1959 19
Charles H. Mackor (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced, HUSBAND of Dorothy Remer
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years ... Months ... Days — If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Jeweler
(Kind of work done during most of working life)

14 Industry or Business: Self Employed

15 Social Security No. Cnhl

16 BIRTHPLACE (City) (State or country) Lowell, Mass.

PARENTS

17 NAME OF FATHER Henry Greene

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Fannie (CBL)

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant Henry Greene
(Address) 95 Cross Hill Rd, Newton

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Engineered E. 20540
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) July 19 1959

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

NOV – 4 1959

RM R-301A

B. THIS IS A
ANENT RECORD.
Use only
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STRUCTIONS
FOR
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In giving
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Chapter 137,
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HAP. 46, §§ 9 &
HAP. 114 §§ 45,
HAP. 38 § 6.)

V 9 1959

-TO-58-925888

179

OUT - OF - TOWN

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent

Registered No. 7086

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. BETH ISREAL HOSP St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME CHARLOTTE ROUILLARD Roullard
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 62 TEMPLE St. WINTHROP
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 1 days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JULY (Month) 23 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from JULY 22, 1959, to JULY 23, 1959, I last saw her alive on JULY 23, 1959 death is said to have occurred on the date stated above, at 11:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE RENAL FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS

Due To (b) MALIGNANT NEPHROSCLEROSIS — MONTHS

Due To (c) ..... — DAYS

OTHER SIGNIFICANT CONDITIONS BRONCHOPNEUMONIA

Was autopsy performed? Yes
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? .....
If so, specify No

(Signed) David Hampold, M. D.
(Address) 336 Beacon St., Boston Date July 23 1959

6 Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL July 25 1959

7 NAME OF FUNERAL DIRECTOR Maurice H. Kirby
ADDRESS 210 Winthrop St. Winthrop

Received and filed JUL 28 1958 19
Charles A. [illegible] (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Lt Col Paul R. Roullard (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years ..... Months ..... Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: ..... (Kind of work done during most of working life)

14 Industry or Business: Housekeeper

15 Social Security No. 020-22-2629

16 BIRTHPLACE (City) Barre (State or country) Mass.

PARENTS

17 NAME OF FATHER William Allen

18 BIRTHPLACE OF FATHER (City) Nova Scotia (State or country)

19 MAIDEN NAME OF MOTHER Charlotte Chastnut

20 BIRTHPLACE OF MOTHER (City) Cambridge (State or country)

21 Informant Paul Rouillard
(Address) 16 Pine Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
M. J. Dirscherl
(Signature of Agent of Board of Health or other)

03790 (Official Designation) 7/27/59 (Date of Burial Permit)

UBV

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED
NOV 9 1959

OUT - OF - TOWN 180

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 7251

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)

No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs. Virginia M Rowe Visconte
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 84 Hermon St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 21 days. In place of residence 35 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July (Month) 29 (Day) 1959 (Year)

I HEREBY CERTIFY, That I attended deceased from July 8, 1959 to July 29, 1959

I last saw her alive on July 29, 1959, death is said to have occurred on the date stated above, at 10:50 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Uremia (clinical) BUN 86 K 7.4 — INTERVAL BETWEEN ONSET AND DEATH: Days

Due To (b) Polycystic Kidney Disease — 40 Yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS None

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify Eugene C. Eppinger, M.D.

(Signed) Eugene C Eppinger, M. D.

(Address) P. Bent Brigham Date July 29 1959

6 Place of Burial or Cremation Winthrop (City or Town) Winthrop

DATE OF BURIAL August 1 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop Mass

Received and filed AUG 3 - 1959 19

Charles H. Mahoney (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female

9 COLOR: White

10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full)

(or) WIFE of Walter Rowe (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 40 Years ..... Months ..... Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. NM

16 BIRTHPLACE (City) Boston (State or country) Mass

PARENTS

17 NAME OF FATHER John Visconte

18 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass

19 MAIDEN NAME OF MOTHER Mary Andrews

20 BIRTHPLACE OF MOTHER (City) Gloucester (State or country) Mass

21 Informant Jeannette Fallon
(Address) 76 Sunnyside Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Patrick Sullivan
(Signature of Agent of Board of Health or other)

03861 (Official Designation) 7-30-59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED

NOV 2 0 1959 AM

R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-8-56-918227

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Revere 181
(City or Town making this return)

Registered No. .....

1 PLACE OF DEATH
Suffolk (County)
Revere (City or Town)
No. 214 Endicott Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elsie Didham (Codding)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR) .....

(a) Residence. No. 63 Upland Rd. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 3 years 8 months ..... days. In place of residence 35 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September (Month) 6, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 1, 1955, to September 6, 1959
I last saw her alive on September 6, 1959, death is said to have occurred on the date stated above, at 3:45P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Congestive Cardiac Failure	2days
Due To (b) Diabetes Mellitus	5yrs.
Due To (c) Hypertension	5yrs.
OTHER SIGNIFICANT CONDITIONS Pyoderma	1mo.

Was autopsy performed? no
What test confirmed diagnosis? Laboratory Studies

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) John F. Collins, M. D.
(Address) 27 Bennington St. Revere Date 9/8 1959

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL September 9 1959

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed OCT 13 1959 19....
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widow

10a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of Arthur S. Didham
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years 8 Months 5 Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Seamstress
(Kind of work done during most of working life)

14 Industry or Business: Hospital

15 Social Security No. 019-14-6846

16 BIRTHPLACE (City) Mansfield
(State or country) Mass.

PARENTS

17 NAME OF FATHER William Codding

18 BIRTHPLACE OF FATHER (City) Mansfield
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Lena Briggs

20 BIRTHPLACE OF MOTHER (City) Attleboro
(State or country) Mass.

21 Informant Alice D. Beekman
(Address) 63 Upland Rd., Winthrop

A TRUE COPY
ATTEST: Joseph F. Fitzpatrick
(Registrar of City or Town where death occurred)

DATE FILED September 9 1959

OCT 3 1959

1 R-302

WHITE FUNERAL, WITH ORANGE BORDER AND — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-8-56-918227

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Revere (City or Town making this return)

Registered No. 182

X

1 PLACE OF DEATH: Suffolk (County); Revere (City or Town)

No. Grover Manor Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lillian J. Anderson (Whitam) (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 56 Floyd St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence 11 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 24, 1959 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1959 to Sept. 24, 1959 I last saw him alive on Sept. 23, 1959, death is said to have occurred on the date stated above, at 1:10P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Arteriosclerotic heart disease	4yrs.
Due To (b) Generalized Arteriosclerosis	10yrs.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Metastatic Carcinoma	1yr.

Was autopsy performed? no
What test confirmed diagnosis? Clinical Findings

5 Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....

(Signed) John F. Collins, M. D.
(Address) 27 Bennington St. Revere Date 9/25 1959

6 Puritan Lawn Mem. Park - Peabody
Place of Burial or Cremation (City or Town)
DATE OF BURIAL September 26 1959

7 NAME OF FUNERAL DIRECTOR Porcella Funeral Service
ADDRESS 876 Winthrop Ave., Revere

Received and filed OCT 13 1959 19....
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX	9 COLOR	10 SINGLE MARRIED WIDOWED or DIVORCED (write the word)
Female	White	Widow

10a If married, widowed, or divorced
HUSBAND of ....
(Give maiden name of wife in full)
(or) WIFE of Frank E. Anderson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years 1 Months 27 Days — If under 24 hours ....Hours....Minutes

13 Usual Occupation: At home
(Kind of work done during most of working life)

14 Industry or Business: ....

15 Social Security No. none

16 BIRTHPLACE (City) Gloucester (State or country) Mass.

PARENTS

17 NAME OF FATHER Benjamin Whitam

18 BIRTHPLACE OF FATHER (City) Gloucester (State or country) Mass.

19 MAIDEN NAME OF MOTHER Jenney Griffin

20 BIRTHPLACE OF MOTHER (City) Rockport (State or country) Mass.

21 Informant Abby Anderson
(Address) 56 Floyd St., Winthrop

A TRUE COPY
ATTEST: ....
(Registrar of City or Town where death occurred)
DATE FILED September 28 1959

X

OCT 13 1959

R-301A

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59-925686

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 183

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 10 Orlando Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Katherine Mildred Royal (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 10 Orlando Avenue St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence 40 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October (Month) 7 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from DEC. 5, 1958, to OCTOBER 7, 1959. I last saw her alive on Oct. 7, 1959, death is said to have occurred on the date stated above, at 9:45 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH

Due To (b) CANCER OF LARGE INTESTINE (PRIMARY) — 1 YEAR

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? NO

What test confirmed diagnosis? OPERATION — PATH REPORT

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) A. N. Caplan, M. D.

A. N. Caplan (PRINT OR TYPE SIGNATURE)

(Address) 186 PRINCETON ST EAST BOSTON Date 10-9-1959

6 Riverside Cemetery Saugus, Mass. Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 10, 1959 19..

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed OCT 19 1959 19..

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of John S. Royal (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 1 Months 29 Days — If under 24 hours ....Hours....Minutes

13 Usual Occupation: retired saleslady (Kind of work done during most of working life)

14 Industry or Business: retail millinery store

15 Social Security No. 011-20-2814

16 BIRTHPLACE (City) Chelsea (State or country) Massachusetts

PARENTS

17 NAME OF FATHER Alton Jesse Hatch

18 BIRTHPLACE OF FATHER (City) Damariscotta (State or country) Maine

19 MAIDEN NAME OF MOTHER Annie Eliza Coldwell

20 BIRTHPLACE OF MOTHER (City) Boston (State or country) Massachusetts

Informant Walter H. Packard (Address) 47 Packard Drive, Braintree

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Mass. Paul E. Seamans (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) Oct. 19 1959 (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

OCT 19 1959 CM

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation bad been given up or cbanged, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

184

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. _____

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME aka Mac Carthy John P. McCarthy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 66 Summit Ave St. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months 25 days. In place of residence 35 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. (Month) 10 (Day) 1959 (Year)

4 I HEREBY CERTIFY That I attended deceased from Jan. 10, 1957, to Oct. 10, 1959

I last saw him alive on Oct. 10, 1959, death is said to have occurred on the date stated above, at 10:35 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Cerebral Hemorrhage (Left Hemiplegia)	3 days
Due To (b) Cerebral Arteriosclerosis	1 yr.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Jejunostomy Gastro-Jejunostomy	18 days

Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify Charles Liberman

(Signed) Charles Liberman, M. D.
(Address) Winthrop, Mass. Date 10/10/1959

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL October 13, 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed OCT 13 1959 19 ____
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Margaret M. Shea
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years ____ Months ____ Days — If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: Manager
(Kind of work done during most of working life)

14 Industry or Business: Sheet Metal

15 Social Security No. _____

16 BIRTHPLACE (City) South Wales
(State or country) England

PARENTS

17 NAME OF FATHER Patrick Mac Carthy

18 BIRTHPLACE OF FATHER (City) _____
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Mary Regan

20 BIRTHPLACE OF MOTHER (City) _____
(State or country) Ireland

21 Informant Margaret M. MacCarthy
(Address) 66 Summit Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Strauss
(Signature of Agent of Board of Health or other)

H. O. (Official Designation) Oct. 13/59 (Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

185

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. _____

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. The Braemar Rest Home -11 Moore St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bessie Robinson (Chisholm)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 103 Hemenway St. Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years 3 months ____ days. In place of residence 3 years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. (Month) 11 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from August, 1959 to Oct 11, 1959
I last saw her alive on Oct 7, 1959, death is said to have occurred on the date stated above, at 8:15 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Myocardial Heart Disease	yrs
Due To (b) arteriosclerosis generalized	yrs.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? no
What test confirmed diagnosis? Clinical findings

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph Gregorie, M. D.
(Address) Washington Date 10-11-59 19

6 Place of Burial or ~~Cremation~~ Ridge Cemetery, Robbinston, Maine (City or Town)
DATE OF BURIAL Oct. 14, 1959

7 NAME OF FUNERAL DIRECTOR Short & Williamson, Inc.
ADDRESS 173 Brighton Ave. Allston Mass.

Received and filed OCT 13 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F

9 COLOR W

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of Alvin W. Robinson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 89 Years 1 Months 14 Days — If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: Housework
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) Kingsport, Nova Scotia
(State or country) Canada

PARENTS

17 NAME OF FATHER John Chisholm

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country) Canada

19 MAIDEN NAME OF MOTHER Sarah Church

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country) Canada

21 Informant Mr. John W. Robinson
(Address) 29 Commonwealth Blvd, Belleros L. I. N. Y.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph E. Sirsame
(Signature of Agent of Board of Health or other)
Health Officer 10/12/59
(Official Designation) (Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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R-301A

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 186

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur M. Maskell
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 29 Cora St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years months days. In place of residence 53 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October (Month) 12 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from August 20, 1959, to October 12, 1959

I last saw him alive on October 12, 1959, death is said to have occurred on the date stated above, at 1:15 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) MYOCARDIAL INFARCTION

Due To
(b)

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Multiple pulmonary emboli.

INTERVAL BETWEEN ONSET AND DEATH: 7 weeks

Was autopsy performed? Yes

What test confirmed diagnosis? ECG. Autopsy

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify N. B. Greenfield

(Signed) N B Greenfield, M. D.

(Address) 447 Shirley Street Date October 13, 1959

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL Oct. 15 1959

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop Mass.

Received and filed OCT 14 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Marion Thompson
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 53 Years 0 Months 6 Days

If under 24 hours Hours Minutes

13 Usual Occupation: Fireman
(Kind of work done during most of working life)

14 Industry or Business: Winthrop Fire Department

15 Social Security No. 023-09-9919

16 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS

17 NAME OF FATHER Frederick Maskell

18 BIRTHPLACE OF FATHER (City) London
(State or country) England

19 MAIDEN NAME OF MOTHER Mary Southland

20 BIRTHPLACE OF MOTHER (City) Cape Britan Isle
(State or country) [illegible]

21 Informant Marion Maskell
(Address) 29 Cora St. Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter C. Fuccaro
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 10/14/59 (Date of Issue of Permit)

V.B.

50M-1-58-921976

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-8-56-918227

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Melrose (City or Town making this return)

Registered No. 187

1 PLACE OF DEATH: Middlesex (County); Melrose (City or Town)

No. Melrose-Wakefield Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Drohan, Baby
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 37 Edward Street St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 14, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....
I last saw h.....alive on ....., 19....., death is said to have occurred on the date stated above, at ..... m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Stillborn (Macerated)

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

INTERVAL BETWEEN ONSET AND DEATH

Was autopsy performed? No
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thomas M. Hearne, M. D.
(Address) Melrose, Mass. Date Oct. 14, 59

6 Calvary Cem. Woburn
Place of Burial or Cremation (City or Town)
DATE OF BURIAL October 15, 1959

7 NAME OF FUNERAL DIRECTOR John W. Lane, Jr.
ADDRESS Winchester, Mass.

Received and filed NOV 2 1959 19.....
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR: White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE.....Years.....Months.....Days
If under 24 hours .....Hours.....Minutes

13 Usual Occupation:
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Melrose
(State or country) Mass.

PARENTS

17 NAME OF FATHER William F. Drohan

18 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Marcia Flaherty

20 BIRTHPLACE OF MOTHER (City) Woburn
(State or country) Mass.

21 Informant William F. Drohan
(Address) 37 Edward Street, Winthrop

A TRUE COPY
ATTEST: Raymond H. Greenlaw
(Registrar of City or Town where death occurred)

DATE FILED October 15, 1959 19.....

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NOV — 4 1959 M

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 188

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

Mayflower Nursing Home 39 Grovers Ave. No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward E Albee
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 51 Harbor View Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years 1 months ___ days. In place of residence 40 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. (Month) 15 (Day), 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1959, to Oct. 15, 1959
I last saw him alive on Oct. 15, 1959, death is said to have occurred on the date stated above, at 1:20 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Coronary Thrombosis	1 day
Due To (b) Arteriosclerosis.	5 yrs.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Blind	2 yrs.

Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify Charles Liberman

(Signed) Charles Liberman, M. D.
(Address) Winthrop, Mass Date 10/15/1959

6 Mt Auburn Cambridge
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Oct. 17 1959

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop, Mass

Received and filed OCT 16 1959 19...
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Ann L ~~Stetson~~ Stathamo
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 3 Months 7 Days
If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Engineer
(Kind of work done during most of working life)

14 Industry or Business: U S Goverment

15 Social Security No. None

16 BIRTHPLACE (City) Melrose
(State or country) Mass

PARENTS

17 NAME OF FATHER Henry L Albee

18 BIRTHPLACE OF FATHER (City)
(State or country) New Hampshire

19 MAIDEN NAME OF MOTHER Ellen Perkins

20 BIRTHPLACE OF MOTHER (City)
(State or country) Washington

21 Informant Ann L. Albee
(Address) 51 Harbor View Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Fernandez M.D.
(Signature of Agent of Board of Health or other)

Health Officer 10/16/59
(Official Designation) (Date of Issue of Permit)

See letter 11-9-59

V.R.

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death. Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation. Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

OCT 1 6 1950 M

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 189

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 35 Lincoln Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Arthur J. Greene (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 35 Lincoln St. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 34 years ..... months ..... days. In place of residence 34 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October (Month) 15 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 9, 1958, to Oct. 15, 1959

I last saw him alive on Oct. 14, 1959, death is said to have occurred on the date stated above, at 8 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cancer of the bladder

Due To
(b)

Due To
(c)

OTHER SIGNIFICANT CONDITIONS

INTERVAL BETWEEN ONSET AND DEATH

Was autopsy performed? Yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) B. G. Clarke, M. D.

B. G. Clarke, M. D.
(PRINT OR TYPE SIGNATURE)

(Address) 171 Harrison Ave. Boston, Mass. Date Oct. 16 1959

6 Place of Burial or Cremation Holy Cross Malden (City or Town)

DATE OF BURIAL Oct. 19, 1959

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby Inc.

ADDRESS 917 Bennington St. E. Boston

Received and filed OCT 19 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M

9 COLOR White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of Kathryn F. Sweeney (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years 3 Months 3 Days If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Elevator operator (Kind of work done during most of working life)

14 Industry or Business: Self Employed

15 Social Security No. 025-18-8011

16 BIRTHPLACE (City) East Boston, Mass. (State or country)

PARENTS

17 NAME OF FATHER John P. Greene

18 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass.

19 MAIDEN NAME OF MOTHER Margaret Sweeney

20 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass.

21 Informant Mrs. Kathryn Greene (Address) 35 Lincoln St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer (Official Designation)

10/19/59 (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

OCT 19 1959

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever, write none.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 190

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Mayflower Rest Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME True Frank Hodgkins
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 381 Winthrop Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years 4 months ___ days. In place of residence 7 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October (Month) 20 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from JAN, 1954, to OCT 1, 1959

I last saw h alive on 10/17, 1959, death is said to have occurred on the date stated above, at 7:-A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) CEREBRAL VASCULAR ACCIDENT	DAYS
Due To (b) ARTERIOSCLEROTIC HEART DISEASE	YRS
Due To (c) GENERAL ARTERIOSCLEROSIS	YRS
OTHER SIGNIFICANT CONDITIONS NONE	

Was autopsy performed? NONE

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify Myron N. King

(Signed) Myron N. King, M. D.

(Address) 381 WINTHROP ST. WINTHROP Date 10/22 1959

6 Woodlawn Cemetery, Everett, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 22, 1959

7 NAME OF FUNERAL DIRECTOR Clifford B. Hayes

ADDRESS 114 Winthrop St. Winthrop, Mass.

Received and filed OCT 22 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of Edith May Carter
(Give maiden name of wife in full)

(or) WIFE of ___
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years 6 Months 21 Days

If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: retired Manager
(Kind of work done during most of working life)

14 Industry or Business: Shoe Peg Manufactoring Co.

15 Social Security No. 001-10-3912

16 BIRTHPLACE (City) Chesterville
(State or country) Maine

PARENTS

17 NAME OF FATHER Samuel Frank Hodgkins

18 BIRTHPLACE OF FATHER (City) ___
(State or country) Maine

19 MAIDEN NAME OF MOTHER Abbie F. Dyke

20 BIRTHPLACE OF MOTHER (City) ___
(State or country) Maine

21 Informant Perry J. Hodgkins
(Address) 381 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Ralph C. Sergeant

Health Officer (Official Designation) 10/22/59 (Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OCT 22 1959

Statement of Cause of Death—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 191

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)

No. 821 Shirley St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bryant V Stone
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 821 Shirley St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years ___ months ___ days. In place of residence 45 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October (Month) 23 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 25, 1959, to Oct 23, 1959
I last saw him alive on Oct 21, 1959 death is said to have occurred on the date stated above, at 5 15 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) carcinomatosis	2 years
Due To (b) carcioma of prostate	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed?
What test confirmed diagnosis? Operation

5 Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Harold B. Greenwald, M. D. H B Greenwald, M. D.
(Address) 447 Shirley St Winthrop Mass Date Oct 24 1959

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL Oct. 26 1959

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed OCT 26 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of Marion Howland
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 3 Months 21 Days | If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Office Manager
(Kind of work done during most of working life)

14 Industry or Business: Life Insurance

15 Social Security No. 030-10-5065

16 BIRTHPLACE (City) Houlton
(State or country) Maine

PARENTS
17 NAME OF FATHER Vernum P Stone
18 BIRTHPLACE OF FATHER (City) Hodgdon
(State or country) Maine
19 MAIDEN NAME OF MOTHER Sarah J Porter
20 BIRTHPLACE OF MOTHER (City) Houlton
(State or country) Maine

21 Informant Marion Stone
(Address) 821 Shirley St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Sexsmith
(Signature of Agent of Board of Health or other)
Health Officer 10/26/59
(Official Designation) (Date of Issue of Permit)

V.B.V

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 192

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 15 Myrtle Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine M . Clark
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 15 Myrtle Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence 35 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 27, 1959.
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov, 1941, to Oct. 27, 1959
I last saw he alive on Oct. 27, 1959, death is said to have occurred on the date stated above, at 9:00 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Rheumatoid Arthritis 14 yrs

Was autopsy performed? No
What test confirmed diagnosis Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles Liberman M. D.
(Address) Winthrop, Mass Date 10/27/1959

6 Winthrop Place of Burial or Cremation — Winthrop (City or Town)
DATE OF BURIAL October 30 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop, Mass

Received and filed NOV 4 1959 19....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Richard D. Clark
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years....Months....Days. If under 24 hours ....Hours....Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Cambridge
(State or country) Mass

PARENTS

17 NAME OF FATHER Dennis Mahoney

18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Cannot be learned

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

21 Informant Richard D. Clark
(Address) 15 Myrtle Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Swanson
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) 10/28/59
(Date of Issue of Permit)

100M-11-55-916145

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 193

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. 566 SHIRLEY ST. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Katherine E. Burke
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 566 SHIRLEY St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 10 years ___ months ___ days. In place of residence 55 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October (Month) 30 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1959 to October 30, 1959
I last saw he alive on Oct. 30, 1959, death is said to have occurred on the date stated above, at 2:55 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Cerebral Thrombosis	4 days
Due To (b) Cerebral Arterio-sclerosis	2 yrs.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? No
What test confirmed diagnosis? Clinical.

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify Charles Liberman

(Signed) Charles Liberman M. D.
(Address) Winthrop. Date 10/30/1959

6 Place of Burial or Cremation MT. BENEDICT (City or Town) BOSTON.
DATE OF BURIAL Nov 2 1959

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby
ADDRESS 210 W. WINTHROP ST. WINTHROP

Received and filed OCT 30 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE
9 COLOR WHITE
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) SINGLE

10a If married, widowed, or divorced
HUSBAND of ___ (Give maiden name of wife in full)
(or) WIFE of ___ (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years ___ Months ___ Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: CLERK (Ret.)
(Kind of work done during most of working life)

14 Industry or Business: U.S. INTERNAL REVENUE

15 Social Security No. NONE

16 BIRTHPLACE (City) ELLSWORTH (State or country) MAINE

PARENTS
17 NAME OF FATHER JOHN BURKE
18 BIRTHPLACE OF FATHER (City) IRELAND (State or country)
19 MAIDEN NAME OF MOTHER ANNE HAWKES
20 BIRTHPLACE OF MOTHER (City) BANGOR (State or country) MAINE

21 Informant MALCOLM NICHOLS
(Address) 566 SHIRLEY ST WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Robert E. Jeremiah
(Signature of Agent of Board of Health or other)
Health Officer 10/30/59
(Official Designation) (Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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AP. 46, §§ 9 &
P. 114 §§ 45,
AP. 38 § 6.)

12 1959

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN 194

To be filed for burial permit with Board of Health or its Agent.

Registered No. 6271

PLACE OF DEATH

1 Suffolk (County)
Boston (City or Town)
No. BAKER MEMORIAL, MASSACHUSETTS GENERAL HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Cecil B. Coyd Covington (Cecil Boyd Covington)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence, No. 73 Nahant Avenue St. Winthrop, Massachusetts
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years 1 months 17 days. In place of residence 26 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June (Month) 28 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 11, 1959, to June 28, 1959
I last saw him alive on June 28, 1959, death is said to have occurred on the date stated above, at 2:50 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Pulmonary Infarction	72 hrs
Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Carcinoma of Bladder	7+ mos

Was autopsy performed? yes
What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. H. Clay, M. D.
(Address) ASST. DIR. MASS. GEN. HOSP. Date June 28, 1959

6 Place of Burial or Cremation Bellwood Cemetery Adams, Tenn. (City or Town)
DATE OF BURIAL July 2, 1959

7 NAME OF FUNERAL DIRECTOR J. S. Waterman & Sons
ADDRESS Boston, Mass.

Received and filed JUL - 1 1959 19..
Charles H. L. (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of Eleanor C Snyder*
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years 7 Months 17 Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Engineer, Retired
(Kind of work done during most of working life)

14 Industry or Business: Covington Co., Boston

15 Social Security No. ~~None~~ 025-05-8922

16 BIRTHPLACE (City) Guthrie (State or country) Ky.

PARENTS

17 NAME OF FATHER Clarence Grant Covington

18 BIRTHPLACE OF FATHER (City) Guthrie (State or country) Ky.

19 MAIDEN NAME OF MOTHER Boyd Bell

20 BIRTHPLACE OF MOTHER (City) Adams (State or country) Tenn.

21 Informant Mrs. Eleanor S. Covington
(Address) 73 Nahant Ave., Winthrop, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W. G. McLean
(Signature of Agent of Board of Health or other)

(Official Designation) E 20135 6-29-59 (Date of Issue of Permit)

V.P.

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED

TOWN CLERK
WINTHROP, MASS.

NOV 12 1959 AM

R-301A

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58-023888

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

195

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent.

Registered No. 08342

PLACE OF DEATH

1 Suffolk (County)

Boston (City or Town)

No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ginda Kaplan (Braverman)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 42 Nahant Ave. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay. In place of death ..... years ..... months 1 days. In place of residence 6 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept (Month) 1 (Day) 1959 (Year)

I HEREBY CERTIFY, That I attended deceased from August 31, 1959, to Sept. 1, 1959

I last saw h alive on Sept. 1, 1959, death is said to have occurred on the date stated above, at 5;20 P m.

DEATH WAS CAUSE BY: IMMEDIATE CAUSE

(a) Massive Pulmonary Embolis From Right Femorol Vein

Due To (b) Undifferenciated Carcinoma

Due To (c)

OTHER SIGNIFICANT CONDITIONS Metastatic to Liver, Adrenal, Lymph Nodes

INTERVAL BETWEEN ONSET AND DEATH

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? .....
If so, specify Eugene C. Eppinger, M.D.

(Signed) Eugene C. Eppinger, M. D.

(Address) P. Bent Brigham Date Sept. 2, 1959

6 STARO-KONSTANTINOV W. Roxbury
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept 3 1959

7 NAME OF FUNERAL DIRECTOR Toef Funeral Service Inc

ADDRESS 1615 Beacon St Brookline

Received and filed SEP 4 1959 19

Charles H. Mackie (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of Harold Kaplan
(Hushand's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 53 Years ..... Months ..... Days

If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Book-keeper
(Kind of work done during most of working life)

14 Industry or Business: Real Estate Office

15 Social Security No. to follow

16 BIRTHPLACE (City) Russia
(State or country)

PARENTS

17 NAME OF FATHER Nathan Braverman

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Sarah Brick

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant Harold Kaplan
(Address) 42 Nahant Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Clifford Baldwin
(Signature of Agent of Board of Health or other)

E 04335 9/2/59
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles A. Mackie

City Registrar

RECEIVED
DEC - 8 1959

COPY OF CERTIFICATE OF DEATH

Winthrop, Mass.

CERTIFICATE OF DEATH
STATE OF NEW HAMPSHIRE

TOWN OR CITY CLERK'S NO. .....

1. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) LeRoy B. (MIDDLE) Huntington C. (LAST) Slocum	2. DATE OF DEATH (MONTH) (DAY) (YEAR) 10-27-59
3. PLACE OF DEATH A. COUNTY Belknap	4. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION.) A. STATE N.H. B. COUNTY Belknap
B. CITY OR TOWN Laconia C. LENGTH OF STAY (IN THIS PLACE) 1-2 days	C. CITY OR TOWN (GIVE ACTUAL TOWN OF RESIDENCE. NOT MAILING ADDRESS). Winnisquam
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 63 High St.	D. STREET ADDRESS (IF RURAL, GIVE LOCATION) P.O. Box 1 — E. IS RESIDENCE ON FARM? YES ☐ NO ☐
5. SEX Male — 6. COLOR OR RACE White — 7. MARRIED ☒ DIVORCED ☐ NEVER MARRIED ☐ WIDOWED ☐	8. NAME OF HUSBAND OR WIFE (MAIDEN NAME IF WIFE) --
9. DATE OF BIRTH 1-20-1897 — 10. AGE (IN YEARS LAST BIRTHDAY) 62 — IF UNDER 1 YEAR MONTHS DAYS — IF UNDER 24 HRS HOURS MIN.	11A. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE. EVEN IF RETIRED) Machine worker, ret. — 11B. KIND OF BUSINESS OR INDUSTRY Machine Shop
12. BIRTHPLACE (CITY OR TOWN, STATE OR FOREIGN COUNTRY) Cambridge, Mass. — 13. CITIZEN OF WHAT COUNTRY? USA	14. FATHER'S NAME Israel Hardy Slocum
15. MOTHER'S MAIDEN NAME Maria MacIntosh	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Yes — (IF YES, GIVE WAR OR DATES OF SERVICE) WW I — 17. SOC. SEC. NO. --
18A. INFORMANT Frederick Eugene Slocum	18B. ADDRESS 10 Underhill St., Winthrop, Mass.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) — INTERVAL BETWEEN ONSET AND DEATH

PART I DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (A) Acute cardiac failure

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

DUE TO (B) Pneumonia — 24 Hours

DUE TO (C)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(A)

20. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ X

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 21B. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II OF ITEM 19.)

21C. TIME OF INJURY MONTH DAY YEAR HOUR M.

21D. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21E. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) — 21F. CITY, TOWN OR LOCATION COUNTY STATE

22. *I attended the deceased from ....., to ..... and last saw her/him alive on .....* X.
Death occured at 11:00 A. *m on the date stated above; and to the best of my knowledge, from the causes stated.*

23A. SIGNATURE (DEGREE OR TITLE)	23B. ADDRESS	23C. DATE SIGNED
Earl J. Gagne MD Med Ref.	Laconia, N.H.	10-27-59

24A. BURIAL ☒ CREMATION ☐ ENTOMBMENT ☐ REMOVAL ☐	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
	Oct.29, 1959	Winthrop Cem.	Winthrop, Mass, Suffolk

IF ENTOMBED 24E. PLACE OF BURIAL (NAME OF CEMETERY)	LOCATION (CITY, TOWN, COUNTY) (STATE)	DATE

25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	COUNTERSIGNED-AGENT (CITY BD. OF HEALTH)	DATE
Alfred B. Marsh	Winthrop, Mass.	Leonard J. Slovack MD	Oct. 27, 1957

DATE REC'D BY TOWN OR CITY CLERK	CLERK'S OWN SIGNATURE	CLERK OF
Oct. 28, 1959	Kenneth R. Dunlap	Laconia, N.H.

/ 13 1959

A true copy, Attest: Kenneth R. Dunlap *Clerk of* Laconia, N.H. *Dated* 10-29-59 *19*

VS 17

C.O. 18648-10-57-25M

RECEIVED
NOV 13 1959

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

13 1959

25M-8-56-918227

197

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Charlton (City or Town making this return)

Registered No. .....

1 PLACE OF DEATH: Worcester (County); Charlton (City or Town)

No. Masonic Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Kate (Batson) Evans
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) .....

(a) Residence. No. ..... St. Winthrop, Massachusetts
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 11 years 7 months 9 days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 29, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 7/18, 1959, to 10/29, 1959

I last saw her alive on October 29, 1959, death is said to have occurred on the date stated above, at 3 a. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arterio Sclerotic Heart Disease

Due To (b) .....

Due To (c) .....

OTHER SIGNIFICANT CONDITIONS .....

INTERVAL BETWEEN ONSET AND DEATH: 1 yr

Was autopsy performed? No
What test confirmed diagnosis? .....

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Morris Ditch, M. D.

(Address) ..... Date ..... 19....

6 Place of Burial or Cremation: Cremation Crematory Rural Cemetary Worcester, Mass.

DATE OF BURIAL October 31 1959

7 NAME OF FUNERAL DIRECTOR George Sessions sons Co.

ADDRESS 71 Pleasant St. Worcester, Mass.

Received and filed ..... 19....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female

9 COLOR: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced HUSBAND of .....
(Give maiden name of wife in full)

(or) WIFE of George H. Evans
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years 9 Months 29 Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: House wife
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. None

16 BIRTHPLACE (City) Travelers Rest
(State or country) South Carolina

PARENTS

17 NAME OF FATHER Smith Batson

18 BIRTHPLACE OF FATHER (City) Travelers Rest
(State or country) South Carolina

19 MAIDEN NAME OF MOTHER Elizabeth Patterson

20 BIRTHPLACE OF MOTHER (City) Unknown, North Carolina
(State or country)

21 Informant Mark L. Ball, Superintendent
(Address) Masonic Home, Charlton, Mass.

A TRUE COPY
ATTEST: Howard M. Sargent, Charlton
(Registrar of City or Town where death occurred)

DATE FILED October 29 1959

RECEIVED
NOV 13 1959 AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 198

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Mayflower Rest Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Phoebe Richmond Doane (Tribou)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 51 Fremont Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 58 years months 7 days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November (Month) 1 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan, 1955 to Nov 1, 1959.
I last saw her alive on October 27, 1959, death is said to have occurred on the date stated above, at 1:30 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) uremia UREMIA	
Due To (b) Senility SENILITY	3 mos.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? -
What test confirmed diagnosis? -

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify H. B. Greenfield

(Signed) H. B. Greenfield, M. D.
(Address) 447 Shirley St Winthrop Mass Date Nov 1 1959

6 Evergreen Cemetery Eastham, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL November 4, 1959 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed NOV 3 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Winfield Scott Doane
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 89 Years 9 Months 4 Days — If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. none

16 BIRTHPLACE (City) East Bridgewater
(State or country) Massachusetts

PARENTS

17 NAME OF FATHER David Willard Tribou

18 BIRTHPLACE OF FATHER (City) Bridgewater
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Elizabeth Shute

20 BIRTHPLACE OF MOTHER (City) Bridgewater
(State or country) Massachusetts

21 Informant Miss. Ellen M. Doane
(Address) 51 Fremont St. Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 11/3/59
(Official Designation) (Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

R-303 A

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 199

1 PLACE OF DEATH: SUFFOLK (County) WINTHROP (City or Town)

No. 16 Paine Street, Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME DOMINIC PACI
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) none

(a) Residence. No. 16 Paine Street, St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 18 years ..... months ..... days. In place of residence 18 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November (Month) 3, (Day) 1959 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Arteriosclerotic heart disease.

5 Accident, suicide, or homicide (specify) .....

Date and hour of injury ..... 19....

IF ACCIDENTAL, was injury causally related to the death? .....

Where did Injury occur? ..... (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? ..... (Specify type of place)

Manner of Injury ..... (How did injury occur?)

Nature of Injury .....

While at work? ..... Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Michael A. Luongo, M. D.

Michael A. Luongo, M.D.
(Print or Type Signature)

(Address) Boston Date 11/3 19 59

7 Winthrop Cemetery Winthrop
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL Nov 6 19 59

8 NAME OF FUNERAL DIRECTOR Ernest P Caggiano

ADDRESS 147 Winthrop St Winthrop

Received and filed NOV 5 1959 19....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX: M

10 COLOR: White

11 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Widowed

11a If married, widowed, or divorced HUSBAND of Elizabetha Danielle
(Give maiden name of wife in full)

(or) WIFE of .....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 84 Years 8 Months 29 Days — If under 24 hours ..... Hours ..... Minutes

14 Usual Occupation: Retired Restaurant Man
(Kind of work done during most of working life)

15 Industry or Business: Restaurant

16 Social Security No. .....

17 BIRTHPLACE (City) August (State or country) Italy

PARENTS

18 NAME OF FATHER Sebastian Paci

19 BIRTHPLACE OF FATHER (City) August (State or country) Italy

20 MAIDEN NAME OF MOTHER Veerna Bombara

21 BIRTHPLACE OF MOTHER (City) August (State or country) Italy

22 Informant Domenica Paci
(Address) 16 Paine St, Winthrop, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 11/5/59

V.B.V

25M-3-59-924934

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

INSTRUCTIONS: Please write in plain terms, so that it may be properly classified under the International Classification of Causes of DEATH. See reverse side for additional information. See also Chap. 38, §§ 6, 20; Chap. 46, §§ 9, 10; Chap. 114, §§ 44-48.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a collision of railroad train and automobile." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic for (enter name of operation and disease or condition requiring surgery)." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

R-301A

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P. 38 § 6.)

58-923886

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 200

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME DiGiovanni, Baby Girl
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 707 Winthrop Ave. Revere, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 0 years 0 months 0 days. In place of residence 0 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. (Month) 4 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19..., death is said to have occurred on the date stated above, at ... m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Stillborn - ancephalic

INTERVAL BETWEEN ONSET AND DEATH

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dr. Joseph Gregorie, M. D.

(Address) [illegible] Date [illegible] 19[illegible]

6 Place of Burial or Cremation WOODLAWN (City or Town) EVERETT.

DATE OF BURIAL Nov. 7 1959

7 NAME OF FUNERAL DIRECTOR MAURICE W. KIRBY

ADDRESS WINTHROP

NOV 6 1959

Received and filed ... 19...

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F

9 COLOR White

10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED

10a If married, widowed, or divorced
HUSBAND of ...
(Give maiden name of wife in full)
(or) WIFE of ...
(Husband's name in full)

11 IF STILLBORN, enter that fact here. STILLBORN

12 AGE ... Years ... Months ... Days — If under 24 hours ... Hours ... Minutes

13 Usual Occupation: ...
(Kind of work done during most of working life)

14 Industry or Business: ...

15 Social Security No. ...

16 BIRTHPLACE (City) Winthrop (State or country) Massachusetts

PARENTS

17 NAME OF FATHER Joseph DiGiovanni

18 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass

19 MAIDEN NAME OF MOTHER Carol Wood

20 BIRTHPLACE OF MOTHER (City) Revere (State or country) Mass

21 Informant Father of baby
(Address) as above

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Swanson
(Signature of Agent of Board of Health or other)

H.O. (Official Designation) Nov. 6/59 (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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OFFICE OF TOWN CLERK
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58-923886

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 201

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Feeley, Baby Boy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 34 Neptune Road, East Boston St. Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months ____ days. In place of residence ____ years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 4, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 11-4, 1959, to 11-4, 1959

I last saw h____ alive on ____, 19____, death is said to have occurred on the date stated above, at 3:58 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE — INTERVAL BETWEEN ONSET AND DEATH

(a) Premature Pirth
(5 Months foetus)

Due To (b) (Stillborn)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify Pasquale Costanza, M.D.

(Signed) Pasquale Costanza, M.D., M. D.

(Address) 238 Maverick St. Date 11-4 1959
East Boston, Mass.

6 Place of Burial or Cremation OAK-GROVE (City or Town) MEDFORD

DATE OF BURIAL Nov. 5 1959

7 NAME OF FUNERAL DIRECTOR George L. Doherty

ADDRESS 855 Broadway, Everett

Received and filed NOV 4 1959 19____

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male

9 COLOR: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)

10a If married, widowed, or divorced
HUSBAND of ____
(Give maiden name of wife in full)
(or) WIFE of ____
(Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE ____ Years ____ Months ____ Days — If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: ____
(Kind of work done during most of working life)

14 Industry or Business: ____

15 Social Security No. ____

16 BIRTHPLACE (City) (State or country) Winthrop, Mass.

PARENTS

17 NAME OF FATHER Patrick Feeley

18 BIRTHPLACE OF FATHER (City) (State or country) Medford, Mass.

19 MAIDEN NAME OF MOTHER Mary L. Scopa

20 BIRTHPLACE OF MOTHER (City) (State or country) Boston, Mass.

21 Informant John Feeley - Father
(Address) 34 Neptune Rd E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter C. Strangeway
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

11/4/59
(Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 202

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 18 Undine Avenue St. {(If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT
{(Was deceased a U. S. War Veteran, (if so specify WAR) NO.

2 FULL NAME Adelaide Estelle Melanson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 18 Undine Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 55 years ..... months ..... days. In place of residence 55 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November (Month) 7 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1959, to Nov. 7, 1959

I last saw her alive on Nov. 7, 1959, death is said to have occurred on the date stated above, at 8.15 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Carcinomatosis (generalized)	weeks
Due To (b) Carcinoma of lung	1 yr
Due To (c) Carcinoma of Breast	yrs
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? —
What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph Gregoire, M. D.
Joseph Gregoire M.D.
(PRINT OR TYPE SIGNATURE)
(Address) 194 Washington St. Date 11-9 1959

6 Place of Burial or Cremation Forrest Hill Cemetery Hyde Park (City or Town)
DATE OF BURIAL November 10, 1959 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed NOV 10 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: female
9 COLOR: white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Cutler Albert Melanson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 8 Months 25 Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Brooklyn
(State or country) New York

PARENTS

17 NAME OF FATHER Charles Ross

18 BIRTHPLACE OF FATHER (City) Brooklyn
(State or country) New York

19 MAIDEN NAME OF MOTHER Adelaide Estelle Ross

20 BIRTHPLACE OF MOTHER (City) Brooklyn
(State or country) New York

21 Informant Cutler Albert Melanson
(Address) 18 Undine Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Lemaire
(Signature of Agent of Board of Health or other)

Health Officer 11/10/59
(Official Designation) (Date of Issue of Permit)

V.B.1

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

RECEIVED
NOV 10 1959

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 203

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Baby Boy O'Hara (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 39 Elm St. Revere
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 10. 1959 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1959, to Nov. 10, 1959

I last saw h.....alive on ....., 19....., death is said to have occurred on the date stated above, at 1:55 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) stillborn

Due To (b) Prematurity 6 months and 13 weeks

Due To (c) .....

OTHER SIGNIFICANT CONDITIONS .....

INTERVAL BETWEEN ONSET AND DEATH

Was autopsy performed? .....

What test confirmed diagnosis? .....

5 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A. Paul DerHagopian, M. D.
A. Paul DERHAGOPIAN
(PRINT OR TYPE SIGNATURE)

(Address) 39 CARY AV. CHELSEA Date Nov 10 1959

6 Winthrop | Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL 11/10/59 19.....

7 NAME OF FUNERAL DIRECTOR Arthur S. Porcella
ADDRESS 876 Winthrop Ave., Revere, Mass.

Received and filed .....19.....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

10a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE.....Years.....Months.....Days | If under 24 hours .....Hours.....Minutes

13 Usual Occupation: .....
(Kind of work done during most of working life)

14 Industry or Business: .....

15 Social Security No. .....

16 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS

17 NAME OF FATHER Vincent

18 BIRTHPLACE OF FATHER (City) Revere, Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Y. Donovan

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

21 Informant Vincent J. O'Hara
(Address) 39 Elm St., Revere, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Swanson
(Signature of Agent of Board of Health or other)

Health Officer 11/10/59
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED
TOWN CLERK
WINTHROP, MASS.
NOV 10 1959 PM

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 204

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. 33 HERMON St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME DAISY E. JACKSON (HUGHES)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. (Usual place of abode) No. 33 HERMON St. WINTHROP (If nonresident, give city or town and State)

Length of stay: In place of death 1 years ___ months ___ days. In place of residence 1 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 13, 1959 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from January, 1953, to 13 November, 1959
I last saw her alive on 13 Nov., 1959, death is said to have occurred on the date stated above, at 5 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Cerebral Hemorrhage	12 hrs
Due To (b) Generalized Arterio-Sclerosis	5 yrs
Due To (c)	
OTHER SIGNIFICANT CONDITIONS —	—

Was autopsy performed? —
What test confirmed diagnosis? clinical
5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

Arthur C. Murray
(Signed) Arthur C. Murray M.D., M. D.
(Address) 100 Waldemar Ave. Date 11/13 1959

6 Place of Burial or Cremation Oak Grove, Medford (City or Town)
DATE OF BURIAL November 16, 1959

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano
ADDRESS 147 Winthrop St., Winthrop

Received and filed NOV 16 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female
9 COLOR white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Austin George Jackson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years ___ Months ___ Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No.

16 BIRTHPLACE (City) Charlestown
(State or country) Massachusetts

PARENTS
17 NAME OF FATHER William H. Hughes
18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Massachusetts
19 MAIDEN NAME OF MOTHER Martha J. Knox
20 BIRTHPLACE OF MOTHER (City) Dover
(State or country) New Hampshire

21 Informant Austin G. Jackson
(Address) 33 Hermon St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) 11/16/59

50M-5-57-920345

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

NOV 1 6 1959 AM

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 205

PLACE OF DEATH

1 Suffolk (County)
Winthrop (City or Town)

No. 19 Orlando Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Helen (Power) Taylor aka Sadie
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 19 Orlando Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 10 years months days. In place of residence 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 14 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1950, to Nov 14, 1959
I last saw he alive on Nov. 13, 1959, death is said to have occurred on the date stated above, at 3 30 P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) CEREBRAL HEMORRHAGE	2 DAYS
Due To (b) HYPERTENSION	10 YRS
Due To (c) ARTERIO SCLEROSIS	10 YRS
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify Louis F. Salerno

(Signed) Louis F. Salerno, M. D.
(Address) Winthrop MASS Date Nov 14 1959

6 Hope Worcester
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Nov. 17 1959

7 NAME OF FUNERAL DIRECTOR George Sessions Sons
ADDRESS Worcester Mass

Received and filed NOV 16 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widow

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Fred S Taylor
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 9 Months 26 Days
If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) Grafton
(State or country) Mass

PARENTS

17 NAME OF FATHER Patrick Power

18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Ellen ----------

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

21 Informant Mrs C N Fisher
(Address) Fort Washington Pa.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E Swann
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) Nov 15, 1959 (Date of Issue of Permit)

V.R.

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

R-303 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A LEGAL DOCUMENT. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for additional information. See also Chap. 38, §§ 6, 20; Chap. 46, §§ 9, 10; Chap. 114, §§ 44-48.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-3-59-924934

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 206

1 PLACE OF DEATH: SUFFOLK (County) WINTHROP (City or Town)

No. 427 Winthrop Street, Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME FILOMENA ALBANO
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 427 Winthrop Street, Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November (Month) 15, (Day) 1959 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Coronary occlusion.

5 Accident, suicide, or homicide (specify) .....

Date and hour of injury .....19.....

IF ACCIDENTAL, was injury causally related to the death? .....

Where did Injury occur? ..... (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? ..... (Specify type of place)

Manner of Injury ..... (How did injury occur?)

Nature of Injury .....

While at work? ..... Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased? .....

If so, ...

(Signed) Michael A. Luongo, M. D.

Michael A. Luongo, M.D.
(Print or Type Signature)

(Address) BOSTON Date 11/16 19 59

7 Place of Burial, or Cremation. Holy Cross Cemetery (City or Town) Malden

DATE OF BURIAL Nov 18, 19 59

8 NAME OF FUNERAL DIRECTOR Liliian Ciccotti + Sons

ADDRESS 7 Cooper St. Boston

NOV 18 1959

Received and filed .....19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX: FEMALE

10 COLOR: White

11 SINGLE (write the word) ~~MARRIED~~ ~~WIDOWED~~ or DIVORCED: SINGLE

11a If married, widowed, or divorced HUSBAND of .....
(Give maiden name of wife in full)

(or) WIFE of .....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 48 Years.....Months.....Days. If under 24 hours .....Hour .....Minutes

14 Usual Occupation: CANDY DIPPER
(Kind of work done during most of working life)

15 Industry or Business: FACTORY

16 Social Security No. 012-09-2576

17 BIRTHPLACE (City) (State or country) Boston, MASS

PARENTS

18 NAME OF FATHER Nicola ALBANO

19 BIRTHPLACE OF FATHER (City) (State or country) ITALY

20 MAIDEN NAME OF MOTHER ANGELINA BERNARDO

21 BIRTHPLACE OF MOTHER (City) (State or country) ITALY

22 Informant SAMUEL ALBANO (BROTHER
(Address) 429 WINTHROP ST. WINTHROP.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

[illegible]
(Signature of Agent of Board of Health or other)

[illegible]
(Official Designation) (Date of Issue of Permit) 11/18/59

V.B.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a collision of railroad train and automobile." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic for (enter name of operation and disease or condition requiring surgery)." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R.302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-2-58-922072

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Danvers (City or Town making this return)

Registered No. 207

1 PLACE OF DEATH: Essex (County); Danvers (City or Town)

No. Danvers State Hospital, Hathorne St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helen Brider Noyes (Brider)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. (Usual place of abode) No. 40 Washington Avenue, Winthrop, St. Mass. (If nonresident, give city or town and State)

Length of stay: In place of death 6 years 1 months 3 days. In place of residence ... years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 15, 1959 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1953 to Nov. 15, 1959, I last saw him alive on Nov. 15, 1959, death is said to have occurred on the date stated above, at 9:40 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: months

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS: Arteriosclerotic Heart Disease & General Arteriosclerosis — Yrs. yrs.

Was autopsy performed? no
What test confirmed diagnosis? Clinical & Laboratory

5 Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Andrew Nichols, III M. D.
(Address) Hathorne, Mass. Date 11/15/59 19

6 Place of Burial or Cremation Oakdale Cemetery-Middleton, Mass. (City or Town)
DATE OF BURIAL November 17, 1959

7 NAME OF FUNERAL DIRECTOR Wm. H. Crosby, Inc.,
ADDRESS Danvers, Mass.

Received and filed DEC 18 1959 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female
9 COLOR: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of ... (Give maiden name of wife in full)
(or) WIFE of Byron W. Noyes, Sr., (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years ... Months ... Days — If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Saleslady (Kind of work done during most of working life)

14 Industry or Business: ...

15 Social Security No. 028-16-3479

16 BIRTHPLACE (City) Oran, (State or country) Missouri

PARENTS

17 NAME OF FATHER Henry Brider

18 BIRTHPLACE OF FATHER (City) Kennebunk, (State or country) Maine

19 MAIDEN NAME OF MOTHER Anna Little

20 BIRTHPLACE OF MOTHER (City) Louisville, (State or country) Kentucky

21 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY
ATTEST: Daniel J. Toomey
(Registrar of City or Town where death occurred)

DATE FILED November 20, 1959

RECEIVED
DEC 18 1959 AM

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 208

1 PLACE OF DEATH: SUFFOLK (County) — WINTHROP (City or Town)

No. WINTHROP COMMUNITY HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME LILLIE B. COX
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence, No. 57 SEA VIEW AVE. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..years..months 9 days. In place of residence 49 years..months..days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 18 - 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1959, to Nov 18, 1959

I last saw alive on Nov 18, 1959, death is said to have occurred on the date stated above, at 9:10 P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Congestive Cardiac Failure	1 Day
Due To (b) Myocardial Disease	Few years
Due To (c) Hypertension	Several years
OTHER SIGNIFICANT CONDITIONS Adenocarcinoma of Uterus	2 Months

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) John F. Collins, M. D.
John F. Collins M.D
(PRINT OR TYPE SIGNATURE)

(Address) Revere Mass Date 18 Nov 1959

6 Winthrop Cemetery, Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Nov. 21, 1959

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano
ADDRESS 147 Winthrop St., Winthrop

Received and filed NOV 19 1959
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: female

9 COLOR: white

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Richard D. Cox
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years 4 Months 9 Days — If under 24 hours ..Hours..Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No.

16 BIRTHPLACE (City) West Newton
(State or country) Massachusetts

PARENTS

17 NAME OF FATHER: Gustave Jacobs

18 BIRTHPLACE OF FATHER (City)
(State or country) Norway

19 MAIDEN NAME OF MOTHER: Leonora Halversen

20 BIRTHPLACE OF MOTHER (City)
(State or country) Norway

21 Informant: Richard D. Cox
(Address) 57 Sea View Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

[illegible]
(Signature of Agent of Board of Health or other)

Health Officer 11/19/59
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
NOV 19 1959 AM

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1-59-925686

The Commonwealth of Massachusetts

JOSEPH D WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 209

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 191 Cottage Park Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) no

2 FULL NAME RAFFAELA LIMONE (CIMIRRO)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 191 Cottage Park Road St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 17 years months days. In place of residence 17 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 21, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 7, 1950, to Nov. 21, 1959
I last saw h. alive on Nov 20, 1959, death is said to have occurred on the date stated above, at 6.4 m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) CEREBRAL HEMORRHAGE	5 DAYS
Due To (b) HYPERTENSION	9 YRS
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? No
What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Louis F. Salerno, M. D.
Louis F. Salerno M.D.
(PRINT OR TYPE SIGNATURE)
(Address) 175 Pleasant St. Date Nov. 21 1959

6 Winthrop Cemetery, Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL November 24, 1959

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano
ADDRESS 147 Winthrop St., Winthrop

Received and filed NOV 24 1959 19..
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: female
9 COLOR: white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Luigi Limone
(Husband's name in full)

11 IF STILLBORN, enter that fact here

12 AGE 81 Years Months Days
If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Italy

PARENTS
17 NAME OF FATHER Joseph Cimirro
18 BIRTHPLACE OF FATHER (City) (State or country) Italy
19 MAIDEN NAME OF MOTHER Information unavailable
20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant Joseph Limone
(Address) 191 Cottage Pk. Rd., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) 11/23/59

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

RECEIVED
NOV 24 1959

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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AP. 38 § 6.)

-58-923886

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 210

PLACE OF DEATH

1 SUFFOLK (County)
WINTHROP (City or Town)
No. 48 DOLPHIN Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MYER SWARTZ
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 48 DOLPHIN AVE St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 10 years — months — days. In place of residence 10 years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. (Month) 21, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from August, 1956 to Nov. 21, 1959
I last saw him alive on Nov. 21, 1959, death is said to have occurred on the date stated above, at 6:20 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Cancer of oesophagus	6mos
Due To (b) Carcinomatosis from above.	6mos.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS None.	

Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify Charles Liberman

(Signed) Charles Liberman, M. D.
(Address) Winthrop, Mass. Date 11/21, 1959

6 LIBERTY PROGRESSIVE EVERETT
Place of Burial or Cremation (City or Town)
DATE OF BURIAL NOV 22 1959

7 NAME OF FUNERAL DIRECTOR TOBF FUNERAL SERVICE INC
ADDRESS CHELSEA

Received and filed NOV 23 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE
9 COLOR WHITE
10 ~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~or DIVORCED~~ (write the word) WIDOWED

10a If married, widowed, or divorced
HUSBAND of ETTA MELAMED
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 22 Years — Months — Days
If under 24 hours Hours Minutes

13 Usual Occupation: DEALER
(Kind of work done during most of working life)

14 Industry or Business: REAL ESTATE

15 Social Security No.

16 BIRTHPLACE (City) (State or country) RUSSIA

PARENTS
17 NAME OF FATHER ABRAHAM SWARTZ
18 BIRTHPLACE OF FATHER (City) (State or country) RUSSIA
19 MAIDEN NAME OF MOTHER C. B. L
20 BIRTHPLACE OF MOTHER (City) (State or country) RUSSIA.

21 Informant MAURICE KLICKSTEIN
(Address) 38 VARICK RD NEWTON

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph E. Swanson
(Signature of Agent of Board of Health or other)
Health Officer Nov. 22, 1959
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
NOV 23 1959 AM

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 211

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 92 Bartlett Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Rosalie Gretchen Fowler (McIntyre)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 92 Bartlett Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 50 years ... months ... days. In place of residence 50 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November (Month) 22 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—

I last saw h— alive on —, 19—; death is said to have occurred on the date stated above, at 11:05 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes — INTERVAL BETWEEN ONSET AND DEATH

Due To (b) Presumably Coronary Occlusion — sudden

Due To (c) Generalized Arteriosclerosis — 5 yrs

OTHER SIGNIFICANT CONDITIONS none

Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Arthur C. Murray, M.D.

Arthur C. Murray M.D.
(PRINT OR TYPE SIGNATURE)

(Address) Winthrop Date 24 Nov. 1959

6 Place of Burial or Cremation Forest Hills Cemetery Jamaica Plain (City or Town)

DATE OF BURIAL November 25, 1959, 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop.

Received and filed NOV 25 1959, 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female

9 COLOR: White

10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Robert Fowler
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years 9 Months 26 Days — If under 24 hours ... Hours ... Minutes

13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. 034-18-2687-B.

16 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

17 NAME OF FATHER Willard Francis McIntyre

18 BIRTHPLACE OF FATHER (City) Chelsea
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Caroline Hutchinson

20 BIRTHPLACE OF MOTHER (City) Chelsea
(State or country) Mass.

Informant Miss. Virginia M. Fowler
(Address) 92 Bartlett Rd. Winthrop Mass.

I HEREBY CERTIFY, that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Lekeaux
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

11/25/59
(Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

NOV 25 1959

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

R-303 A

information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for additional information. See also Chap. 38, §§ 6, 20; Chap. 46, §§ 9, 10; Chap. 114, §§ 44-48.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-3-59-924934

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 212

1 PLACE OF DEATH: SUFFOLK (County) WINTHROP (City or Town)

No. 241-A Shirley Street, Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME BEVERLY NOLLER
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 241-A Shirley Street, St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 35 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November (Month) 23, (Day) 1959 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Meningioma of cerebellum with acute sub-tentorial cerebral edema

5 Accident, suicide, or homicide (specify) .....

Date and hour of injury .....19.....

IF ACCIDENTAL, was injury causally related to the death? .....

Where did Injury occur? .....
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? .....
(Specify type of place)

Manner of Injury .....
(How did injury occur?)

Nature of Injury .....

While at work? .....Was autopsy performed? Yes

6 Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) Michael A. Luongo, M. D.
Michael A. Luongo, M.D.
(Print or Type Signature)

(Address) Boston Date 11/23 19 59

AMERICAN FREINDSHIP SOC. BAKER ST.
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL WEST ROX. 11 24 19 59

8 NAME OF FUNERAL DIRECTOR SCHLOSSBERG FUNERAL SER.

ADDRESS 1257 BLUE HILL AVE. MATT.

Received and filed NOV 24 1959 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female

10 COLOR White

11 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

11a If married, widowed, or divorced HUSBAND of .....
(Give maiden name of wife in full)

(or) WIFE of WILLIAM NOLLER
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 41 Years.....Months.....Days If under 24 hours .....Hours .....Minutes

14 Usual Occupation: HOUSEWIFE
(Kind of work done during most of working life)

15 Industry or Business: AT home

16 Social Security No. None

17 BIRTHPLACE (City) (State or country) Boston Mass.

PARENTS

18 NAME OF FATHER HARRY ENGLER

19 BIRTHPLACE OF FATHER (City) (State or country) BOSTON MASS.

20 MAIDEN NAME OF MOTHER EDITH ALLEN

21 BIRTHPLACE OF MOTHER (City) (State or country) RUSSIA

22 Informant WILLIAM NOLLER
(Address) 241 A. SHIRLEY ST. WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Fernandez
(Signature of Agent of Board of Health or other)

Health Officer 11/24/59
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RULES OF PRACTICE

NOV 24 1959 AM

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a collision of railroad train and automobile." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic for (enter name of operation and disease or condition requiring surgery)." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-2-58-922072

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or Town making this return) Chelsea

Registered No. 591 213

1 PLACE OF DEATH
Suffolk (County)
Chelsea (City or Town)
No. U.S.Naval Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Alton
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. (Usual place of abode) No. Qtrs. #35, Ft. Banks / St. Winthrop, Mass. (If nonresident, give city or town and State)

Length of stay: In place of death — years — months — days. In place of residence — years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 24, 1959 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h.....alive on ....., 19....., death is said to have occurred on the date stated above, at .....m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Stillborn

Due To
(b) Erythroblastosis fetalis

Due To
(c)

OTHER SIGNIFICANT CONDITIONS

INTERVAL BETWEEN ONSET AND DEATH

Was autopsy performed? yes
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. P. Pine, M. D.
(Address) USNH, Chelsea, Mass. Date 11/25/59, 19

6 Woodlawn, Everett, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Nov. 25, 1959, 19

7 NAME OF FUNERAL DIRECTOR R.C. Kirby, Inc.
ADDRESS 917 Bennington St., E. Boston

Received and filed DEC 7 1959, 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR: White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

10a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

11 IF STILLBORN, enter that fact here: Stillborn

12 AGE — Years — Months — Days
If under 24 hours ....Hours....Minutes

13 Usual Occupation: .....
(Kind of work done during most of working life)

14 Industry or Business: .....

15 Social Security No. .....

16 BIRTHPLACE (City) (State or country) Chelsea, Mass.

PARENTS

17 NAME OF FATHER Harold W.

18 BIRTHPLACE OF FATHER (City) Judsonia, Ark.
(State or country)

19 MAIDEN NAME OF MOTHER Laverne D. Bullard

20 BIRTHPLACE OF MOTHER (City) Garland, Texas
(State or country)

21 Informant H. Alton (father)
(Address) Ft. Banks, Winthrop, Mass.

A TRUE COPY
ATTEST: Joseph A. Tyrrell
(Registrar of City or Town where death occurred)

DATE FILED Nov. 25, 1959, 19

RECEIVED
TOWN CLERK
WINTHROP, MASS.
DEC 7 1959 AM

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 214

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. Winthrop Convelecent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Carrie Augusta Smith (Smith) (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 89 Bowdoin Street St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 3 months 14 days. In place of residence 24 years 6 months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November (Month) 26 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from SEPT. 6, 1938, to NOVEMBER 26, 1959

I last saw he alive on NOV. 26, 1959, death is said to have occurred on the date stated above, at 9 40A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARDIAC DECOMPENSATION — INTERVAL BETWEEN ONSET AND DEATH: 1 WEEK

Due To (b) HYPERTENSION + HEART DISEASE — 2 YEARS

Due To (c)

OTHER SIGNIFICANT CONDITIONS CEREBRAL HEMORRHAGE — 2 YEARS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. N. Caplan, M. D.
A. N. CAPLAN M.D. (PRINT OR TYPE SIGNATURE)

(Address) 19 MERMAID AV WINTHROP MASS Date 11-27 1959

6 Place of Burial or Cremation Winthrop Cemetery (City or Town) Winthrop, Mass.

DATE OF BURIAL November 28 1959 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed NOV 30 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Female

9 COLOR: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Allister Mansfield Smith (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 6 Months 14 Days — If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. 029-10-2792-B.

16 BIRTHPLACE (City) Somerville (State or country) Massachusetts

PARENTS

17 NAME OF FATHER Stephen Slater Smith

18 BIRTHPLACE OF FATHER (City) Slatersville (State or country) Rhode Island

19 MAIDEN NAME OF MOTHER Fannie Augusta Curtis

20 BIRTHPLACE OF MOTHER (City) Addison (State or country) Maine

21 Informant Miss. Hazel M. Smith (Address) 89 Bowdoin St. Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Mark E. Sullivan (Signature of Agent of Board of Health or other)

Health Officer (Official Designation)

11/27/59 (Date of Issue of Permit)

69-925686

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED
TOWN CLERK
WINTHROP MASS.
NOV 30 1959 AM

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 215

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

2 FULL NAME Albanus S Maddocks
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 130 Pauline Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months 5 days. In place of residence 40 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 28, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 19 1959, to Nov. 28, 1959
I last saw him alive on Nov. 26, 1959, death is said to have occurred on the date stated above, at 4:05 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

	INTERVAL BETWEEN ONSET AND DEATH
(a) Bronchopneumonia, terminal	2 days
Due To (b) Carcinoma of sigmoid with metastases to liver	1 yr
Due To (c) Ascites	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? no
What test confirmed diagnosis? X-Ray

5 Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....

(Signed) Joseph Gregorie, M. D.
(PRINT OR TYPE SIGNATURE)
(Address) 194 Washington Date Nov. 30 1959

6 Place of Burial or Cremation Monroe (City or Town) Monroe Maine
DATE OF BURIAL Dec. 3 1959

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed DEC 2 1959 19....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Mattie E Brown
(Give maiden name of wife in full)
(or) WIFE of ....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 3 Months 23 Days
If under 24 hours ....Hours....Minutes

13 Usual Occupation: Contractor
(Kind of work done during most of working life)

14 Industry or Business: Builder

15 Social Security No. 013-28-7264

16 BIRTHPLACE (City) Swansville
(State or country) Maine

PARENTS

17 NAME OF FATHER John Maddocks

18 BIRTHPLACE OF FATHER (City) Bangor
(State or country) Maine

19 MAIDEN NAME OF MOTHER Ruby York

20 BIRTHPLACE OF MOTHER (City) Frankfort
(State or country) Maine

21 Informant Mattie E Maddocks
(Address) 130 Pauline St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) 12/2/59

59-925686

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
DEC - 2 1959 AM

R-301A

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50M-3-54-911887

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 216

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Karl H. Schaalman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 29 Wilshire St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years 1 months ..... days. In place of residence 25 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 28, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from JANUARY 1959 to NOVEMBER 28 1959
I last saw h. IM alive on NOVEMBER 27 1959, death is said to have occurred on the date stated above, at 8:00 A.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) CARCINOMA STOMACH	6 MOS
ANTECEDENT CAUSES (b) Due To CARCINOMATOSIS	2 MOS
(c) Due To	

OTHER SIGNIFICANT CONDITIONS PROSTATIC HYPERTROPHY
GENERALIZED ARTERIOSCLER

Major findings:
Of operations.....
Date of operation..... Was autopsy performed?
What test confirmed diagnosis? X-RAY - CLINICAL OBSER

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Harold Nitzgrau M. D.
(Address) 67 Beach Road Date Nov 29 1959

6 Woodlawn Crematory Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL December 1, 1959

7 NAME OF FUNERAL DIRECTOR Leslie W. Pike
ADDRESS 305 Beach St, Revere

Received and filed DEC 1 1959
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR OR RACE White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Mabel E. Langton
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years ..... Months ..... Days
If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Machinist Retired
(Kind of work done during most of working life)

14 Industry or Business: American Stay Co.

15 Social Security No. 022 -07-3871

16 BIRTHPLACE (City) Bridgeport
(State or country) Connecticut

PARENTS
17 NAME OF FATHER Joseph Schaalman
18 BIRTHPLACE OF FATHER (City)
(State or country) Germany
19 MAIDEN NAME OF MOTHER Christine Mack
20 BIRTHPLACE OF MOTHER (City) Stamford
(State or country) Connecticut

21 Informant Warren Schaalman
(Address) 192 W. Wyoming St Melrose

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Karl E. Hermanson
(Signature of Agent of Board of Health or other)
Health Officer 12/1/59
(Official Designation) (Date of Issue of Permit)

V.R.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

DEC - 1 1959 PM

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 217

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. 84 CLIFF AVE St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Levenson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 84 CLIFF AVE St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years 6 months — days. In place of residence 14 years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November (Month) 30 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from ——, 19—, to ——, 19—

I last saw h— alive on ——, 19—, death is said to have occurred on the date stated above, at 6:30 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To (b) Presumably Coronary Occlusion

Due To (c)

OTHER SIGNIFICANT CONDITIONS —

INTERVAL BETWEEN ONSET AND DEATH — Sudden

Was autopsy performed? no
What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Arthur C. Murray, M. D.
(Address) Arthur C. Murray, M.D. Winthrop Mass Date 30 Nov 1959

6 TIFERETH ISRAEL OF WINTHROP EVERETT
Place of Burial or Cremation (City or Town)
DATE OF BURIAL DEC 2 1959

7 NAME OF FUNERAL DIRECTOR TORF FUNERAL SERVICE INC
ADDRESS CHELSEA

Received and filed DEC 1 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE
9 COLOR WHITE
10 SINGLE (write the word) ~~MARRIED~~ WIDOWED or ~~DIVORCED~~ SINGLE

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 59 Years — Months — Days
If under 24 hours — Hours — Minutes

13 Usual Occupation: SALESMAN
(Kind of work done during most of working life)

14 Industry or Business: MENS FURNISHINGS

15 Social Security No. 028-01-7367

16 BIRTHPLACE (City) (State or country) CHELSEA MASS

PARENTS

17 NAME OF FATHER JACOB LEVENSON

18 BIRTHPLACE OF FATHER (City) RUSSIA
(State or country)

19 MAIDEN NAME OF MOTHER LENA M. TAYMOR

20 BIRTHPLACE OF MOTHER (City) RUSSIA
(State or country)

21 Informant JAMES ALTER
(Address) 84 CLIFF AVE WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Paul E. Sullivan
(Signature of Agent of Board of Health or other)
Health Officer 12/1/59
(Official Designation) (Date of Issue of Permit)

58-923886

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Autopsy Waived by Medical Examiner

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent.

Registered No. 08199

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. BETH ISRAEL HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ETTA WHITE
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) 218

(a) Residence. No. 156 SHIRLEY ST. St. WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years 1 months ..... days. In place of residence ..... years 10 months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH AUGUST (Month) 28 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from AUG 28, 1959 to AUG 29, 1959.
I last saw ~~her~~ alive on AUG 29, 1959, death is said to have occurred on the date stated above, at 6 15 A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCT — INTERVAL BETWEEN ONSET AND DEATH

Due To (b) CORONARY ARTERY DISEASE

Due To (c)

OTHER SIGNIFICANT CONDITIONS PROBABLE LYMPHOMA

Was autopsy performed? No
What test confirmed diagnosis? Electrocardiogram
Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Alex B. Brown, M. D.
(Address) 330 Brookline Ave Date Aug 29, 1959

6 Tifereth Israel at Winthrop, Everett
Place of Burial or Cremation (City or Town)
DATE OF BURIAL August 30, 1959

7 NAME OF FUNERAL DIRECTOR Hymon J. Torf Service.
ADDRESS 151 Washington Ave Chelsea.

Received and filed SEP - 1 1959, 19

Registrar of Vital Statistics

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F
9 COLOR W
10 SINGLE ~~MARRIED~~ WIDOWED ~~or DIVORCED~~ (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of ~~Charles~~ (Give maiden name of wife in full)
(or) WIFE of Charles White (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years ..... Months ..... Days — If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business: Bakery

15 Social Security No. 026-12-8965

16 BIRTHPLACE (City) (State or country) Poland

PARENTS
17 NAME OF FATHER Abraham Schwen
18 BIRTHPLACE OF FATHER (City) (State or country) Poland
19 MAIDEN NAME OF MOTHER (CBL)
20 BIRTHPLACE OF MOTHER (City) (State or country) Poland.

21 Informant Mr. Abraham White
(Address) 71 Wiltshire Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) 8-29-59 (Date of Issue of Permit)

V.S.

A TRUE COPY ATTEST:

Charles H. Mackie

City Clerk

RECEIVED
DEC 14 1959 AM
WINTHROP MASS.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT-OF-TOWN

To be filed for burial permit with Board of Health or its Agent. 219

Registered No. 08383

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON (City or Town)

No. MASSACHUSETTS GENERAL HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry PATRICK TEEVENS
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence, No. 833 Shirley St. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ___ years ___ months 21 days. In place of residence 5 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September (Month) 1 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from August 18, 1959 to September 1, 1959, I last saw him alive on September 1, 1959, death is said to have occurred on the date stated above, at 3:20 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Peritonitis	8d
Due To (b) Perforation of sigmoid colon	8d
Due To (c) Diverticulosis + diverticulitis	? yrs
OTHER SIGNIFICANT CONDITIONS Diabetes mellitus	? yrs

Was autopsy performed? Yes
What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C. Lilly, M. D.
(Address) Charles L. Cloy, M.D. Ass't Dir., Mass. Gen'l Hosp. Date 9/1/59

6 Place of Burial or Cremation Old Calvary Cemetery Boston (City or Town)
DATE OF BURIAL Sept 4 1959

7 NAME OF FUNERAL DIRECTOR Frank H. Lally
ADDRESS 456 Harvard St. Brookline.

Received and filed SEP 4 1959 19
Charles H. Mack (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M. 9 COLOR W 10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of ___ (Give maiden name of wife in full)
(or) WIFE of ___ (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years ___ Months ___ Days If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Prison Guard (Kind of work done during most of working life)

14 Industry or Business: Rock Island

15 Social Security No. None

16 BIRTHPLACE (City) (State or country) So. Boston

PARENTS

17 NAME OF FATHER John J. Teevens

18 BIRTHPLACE OF FATHER (City) (State or country) Ireland

19 MAIDEN NAME OF MOTHER Ellen M. (unknown)

20 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

21 Informant Mrs Margery Hickey
(Address) 132 Westbourne Dr Brighton

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

E 27443 (Official Designation) 9-3-55 (Date of Issue of Permit)

V.B.

BOM-3-57-920345

A TRUE COPY ATTEST:

Charles R. Brackin

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The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health

Registered No. 48371 220

1 PLACE OF DEATH: Suffolk (County) — BOSTON (City or Town)

No. GLENSIDE HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME REBECCA COHEN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no.

(a) Residence. No. 170 CLIFF AVE. St. WINTHROP, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 2 months 1 days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH SEPT. (Month) 2 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from JULY 3, 1959, to SEPT. 2, 1959. I last saw HER alive on SEPT. 2, 1951, death is said to have occurred on the date stated above, at 5:20 P. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ARTERIOSLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: YEARS

ANTECEDENT CAUSES Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation Was autopsy performed? NO

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) George Cloutier M. D.
(Address) 74 FENWOOD RD. Boston Date 9/2 1951

6 Puriton-Mt. Sinai (Lebanon) W. Roxbury
Place of Burial or Cremation (City or Town)
DATE OF BURIAL September 4, 1959

7 NAME OF FUNERAL DIRECTOR Benj. F. Solomon
ADDRESS 420 Harvard St. Brookline Solomon Funeral Chapel

Received and filed SEP 4 1959 19
Charles H. Mack (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female

9 COLOR OR RACE white

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) widowed

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of JACOB COHEN (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 99 Years Months Days — If under 24 hours: Hours Minutes

13 Usual Occupation: HOTEL KEEPER (RETIRED)
(Kind of work done during most of working life)

14 Industry or Business: HOTEL

15 Social Security No. NONE

16 BIRTHPLACE (City) (State or country) RUSSIA

PARENTS

17 NAME OF FATHER (UNKNOWN)

18 BIRTHPLACE OF FATHER (City) (State or country) RUSSIA

19 MAIDEN NAME OF MOTHER (UNKNOWN)

20 BIRTHPLACE OF MOTHER (City) (State or country) RUSSIA

21 Informant Lena Baum
(Address) 170 Cliff Ave., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Claire Baldwin
(Signature of Agent of Board of Health or other)

E 043 65 (Official Designation) 9/3/59 (Date of Issue of Permit)

80M-8-55-815025

A TRUE COPY ATTEST:

Charles H. Mackie

City Clerk

RECEIVED
DEC 14 1959 AM

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-2-58-922072

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

EVERETT
(City or Town making this return)

COPY OF CERTIFICATE OF DEATH

Registered No. 221

1 PLACE OF DEATH
Middlesex (County)
Everett (City or Town)
No. Whidden Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eva Leventhal (Smaller)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR) -

(a) Residence. No. 58 Summit Ave. - St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ... years ... months 17 days. In place of residence 35 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. (Month) 17. (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from 11-3- 1959, to 11-17 1959
I last saw her alive on 11-17 1959, death is said to have occurred on the date stated above, at 3.55a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Infarction of intestine — INTERVAL BETWEEN ONSET AND DEATH 1 dy.
Due to (b) Atherosclerosis of Aorta — yrs.
Due To (c) - Hypertensive-A-S Heart Dis. — yrs.
OTHER SIGNIFICANT CONDITIONS Bronchopneumonia — 2 wks.
Aplastic Anemia — mos.

Was autopsy performed? yes
What test confirmed diagnosis? clin. & autopsy

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Peter Sapienza, M. D.
(Address) Malden Date 11-17- 1959

6 Place of Burial or Cremation Sharon Mem. Park Sharon (City or Town)
DATE OF BURIAL 11-18- 1959

7 NAME OF FUNERAL DIRECTOR Schlessberg Mem. Chapel
ADDRESS Mattapan

Received and filed DEC 28 1959 1959
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX f
9 COLOR Wht.
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Israel Leventhal
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years - Months - Days
If under 24 hours ... Hours ... Minutes

13 Usual Occupation: At home
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. 03a-14-3660 D

16 BIRTHPLACE (City) (State or country) Lithuania

PARENTS
17 NAME OF FATHER Morris A. Smaller
18 BIRTHPLACE OF FATHER (City) (State or country) Lithuania
19 MAIDEN NAME OF MOTHER Chaina R.
20 BIRTHPLACE OF MOTHER (City) (State or country) Lithuania

21 Informant Tillie Richards
(Address) Mattapan

A TRUE COPY
ATTEST: John M. Farrell
(Registrar of City or Town where death occurred)

DATE FILED 11-18- 1959

RECEIVED
DEC 2 3 1959 AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 222

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 21 Grover Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Miriam H. Clark Hayward
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 21 Grover Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months....days. In place of residence 60 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 6, 1959.
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from December 1955, to 6 December 1959
I last saw her alive on 6 December, 1959, death is said to have occurred on the date stated above, at 2:30 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage

Due To (b) Generalized Arteriosclerosis

Due To (c)

INTERVAL BETWEEN ONSET AND DEATH
6 days
years

OTHER SIGNIFICANT CONDITIONS None

Was autopsy performed? no
What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Arthur C. Murray, M. D.
(Address) Winthrop Date Dec 1959

6 Calvary Boston
Place of Burial or Cremation (City or Town)
DATE OF BURIAL December 9 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop. Mass

Received and filed DEC 8 1959 19....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX	9 COLOR	10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)
Female	White	Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of William J. Clark
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years....Months....Days. If under 24 hours ....Hours....Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Charlestown
(State or country) Mass

PARENTS

17 NAME OF FATHER Henry E. Hayward

18 BIRTHPLACE OF FATHER (City) Charlestown
(State or country) Mass

19 MAIDEN NAME OF MOTHER Mary McCloskey

20 BIRTHPLACE OF MOTHER (City) South Boston
(State or country) Mass

21 Informant Miriam C. clark
(Address) 21 Grover Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Sullivan
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

12/8/59
(Date of Issue of Permit)

100M-11-55-916145

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourte n, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 223

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) no

2 FULL NAME Serafina Scifo Indelicato
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 12 Cheever Court St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 3 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 12 (Month) 7 (Day) 1959 (Year)

4 I HEREBY CERTIFY That I attended deceased from May, 1952 to Dec. 7, 1959

I last saw h. alive on Dec 7, 1959, death is said to have occurred on the date stated above, at 6:10 P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Bronchopneumonia (terminal)	2 days
Due To (b) myocardial Heart Disease	yrs
Due To (c) arteriosclerosis generalized	yrs
OTHER SIGNIFICANT CONDITIONS Uremia — Diabetes Mellitus	4 days yrs

Was autopsy performed? no
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Joseph Gregorie, M. D.
JOSEPH GREGORIE
(PRINT OR TYPE SIGNATURE)
(Address) 194 Washington St. Date 12-8 1959

6 Place of Burial or Cremation St. Michael Cemetery Boston (City or Town)
DATE OF BURIAL 12 - 10 - 59 19

7 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St. East Boston

Received and filed DEC 10 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F
9 COLOR wh
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widpwed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Michael Indelicato
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years.....Months.....Days If under 24 hours .....Hours.....Minutes

13 Usual Occupation: House wife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Italy

PARENTS
17 NAME OF FATHER Giacomo Scifo
18 BIRTHPLACE OF FATHER (City) (State or country) Italy
19 MAIDEN NAME OF MOTHER Catherine (unknown)
20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant Charles Indelicato
(Address) 12 Cheever Ct. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph C. Lirsanno
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
12/9/59
(Date of Issue of Permit)

69-925686

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

DEC 10 1959 AM

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 224

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 76 Sargent Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John E. Kelly (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 76 Sargent Ave. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years months days. In place of residence 2 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. (Month) 11 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from July, 1958, to Dec. 11, 1959. I last saw him alive on Dec 11, 1959, death is said to have occurred on the date stated above, at 5:00 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Coronary Occlusion Acute	1 day
Due To (b) Coronary Artery Heart Disease	2 yrs.
Due To (c) Cardiac Decompensation	1 month
OTHER SIGNIFICANT CONDITIONS None.	

Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles Liberman M. D.

(Address) Winthrop Date 12/11/ 1959

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL 19

7 NAME OF FUNERAL DIRECTOR Victoria A Reynolds

ADDRESS

Received and filed DEC 11 1959 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months 72 Days

If under 24 hours Hours Minutes

13 Usual Occupation: Tile Setter (Kind of work done during most of working life)

14 Industry or Business: U. S. A.

15 Social Security No.

16 BIRTHPLACE (City) Boston (State or country) Mass.

PARENTS

17 NAME OF FATHER [illegible]

18 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.

19 MAIDEN NAME OF MOTHER [illegible]

20 BIRTHPLACE OF MOTHER (City) Somerville (State or country) Mass.

21 Informant Old Age Assistance (Address) [illegible]

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 12/11/59

60M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

DEC - 8 1959

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

X

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 225

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Convalescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Isabel DeFranzo
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 42 Chelsea St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 4 days. In place of residence ..... years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 13, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 12/1/59, 1959, to 12/13, 1959
I last saw he alive on 12/12, 1959, death is said to have occurred on the date stated above, at 9 A.m.

INTERVAL BETWEEN ONSET AND DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Carcinoma Lower Bowel
Due To
(b) CARCINOMA LOWER BOWEL
Due To
(c)

OTHER SIGNIFICANT CONDITIONS Colostomy at Peter B. B. Hosp.

Was autopsy performed? no
What test confirmed diagnosis? Operation at Peter Bent Hosp.

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify ~~Anthony A. Forziatti~~

(Signed) Anthony A Forziati, M. D.
(Address) 116 Lowden St Date 12/13 1959

6 Place of Burial or Cremation Holy Cross Cemetery Malden (City or Town)
DATE OF BURIAL December 16, 1959

7 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St., E. Boston, Mass.

Received and filed DEC 17 1959 19....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female
9 COLOR white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) widowed

10a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Michael DeFranzo (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 55 Years ..... Months ..... Days
If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Boston, Mass.

PARENTS
17 NAME OF FATHER Rocco Rinaldi
18 BIRTHPLACE OF FATHER (City) (State or country) Italy
19 MAIDEN NAME OF MOTHER Bridget Pandelena
20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant (Address) Louis DeFranzo (son) 72 Wordsworth St., E. Boston, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph E. Lurvanne M.D.
(Signature of Agent of Board of Health or Officer)
Health Officer
(Official Designation)
12/15/59
(Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

OCT 1 7 1959 AM

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

X

-302

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Danvers
(City or Town making this return)

Registered No. 226

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital, Hathorne St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Blanche E. McElree (Hodgdon)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 18 Hale Avenue, Winthrop, Mass. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 5 months 3 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December (Month) 16, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 13, 1959 to Dec. 16, 1959, I last saw h. alive on Dec. 16, 1959 death is said to have occurred on the date stated above, at 2:45a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia with Virus Infection

Due To (b)

Due To (c)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS Generalized Arteriosclerosis yrs

Was autopsy performed? no
What test confirmed diagnosis? Clinical&Laboratory

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Andrew Nichols, III, M. D.
(Address) Hathorne, Mass. Date 12/16/59

6 Winthrop Cemetery-Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL December 18, 1959

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS Winthrop, Mass.

Received and filed JAN 11 1960 19
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Arthur McElree
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 1 Months 10 Days
If under 24 hours Hours Minutes

13 Usual Occupation: Retired Factory Worker
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. unknown

16 BIRTHPLACE (City) Cambridge,
(State or country) Mass

PARENTS

17 NAME OF FATHER Herbert Hodgdon

18 BIRTHPLACE OF FATHER (City) Unknown
(State or country)

19 MAIDEN NAME OF MOTHER Bessie, m.n. unk.

20 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)

21 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY
ATTEST: Daniel J. Toomey
(Registrar of City or Town where death occurred)

DATE FILED Dec. 21, 1959

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-2-59-922072

X

RECEIVED
JAN 11 1960 AM

The Commonwealth of Massachusetts

JOSEPH D WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 227

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Charlotte (Rausch) Lenth (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 102 Winthrop Shore Drive St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years 1 months 20 days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December (Month) 19 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from October 31, 1959, to December 19, 1959
I last saw her alive on December 18, 1959, death is said to have occurred on the date stated above, at 12:25 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

	INTERVAL BETWEEN ONSET AND DEATH
(a) Acute myocardial infarction	7 wks
Due To (b) Hypertensive & Arteriosclerotic heart disease	2 yrs
Due To (c) Generalized arteriosclerosis	5 yrs
OTHER SIGNIFICANT CONDITIONS (Cerebral embolism with left hemiplegia & bleeding peptic ulcer)	4 wks

Was autopsy performed? no
What test confirmed diagnosis? clinical & laboratory

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) M. Traunstein, Jr., M. D.
M. Traunstein, Jr., M.D.
(PRINT OR TYPE SIGNATURE)
(Address) 73 Bartlett Rd. Date 12/19 19 59

6 Place of Burial or Cremation Woodlawn (City or Town) Everett
DATE OF BURIAL Dec. 22 19 59

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of C Henry Lenth
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years 5 Months 6 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. 010-09-9432

16 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

17 NAME OF FATHER August Rausch

18 BIRTHPLACE OF FATHER (City)
(State or country) Germany

19 MAIDEN NAME OF MOTHER Louise Wohlschlegel

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

21 Informant Muriel C Lenth Winthrop
(Address) 102 Winthrop Shore Drive

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Doris C. Gilmore
(Signature of Agent of Board of Health or other)
Health Officer 12/21/59
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED
TOWN CLERK
WINTHROP MASS.
DEC 21 1959

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 228

1 PLACE OF DEATH
County: Suffolk
City or Town: Winthrop
No. Mayflower Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Peroni
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 118 Bennington St. St. East Boston, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 1 months 16 days. In place of residence ___ years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. (Month) 20 (Day) 1959 (Year)

4 I HEREBY CERTIFY. That I attended deceased from Nov. 5, 1958 to Dec. 20, 1959
I last saw him alive on Dec. 20, 1959, death is said to have occurred on the date stated above, at 11:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE — INTERVAL BETWEEN ONSET AND DEATH

(a) Generalized Arteriosclerosis
ARTERIOSclerotic Heart Dz. — 2yrs

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) John F. Pepi, M. D.
(Address) 821 Saratoga St. East Boston Date 12/20/1959

6 Place of Burial or Cremation St. Michael Cemetery (City or Town) Boston
DATE OF BURIAL Dec. 23, 1959

7 NAME OF FUNERAL DIRECTOR Anthony Rapino
ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed DEC 22 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: male
9 COLOR: white
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

10a If married, widowed, or divorced HUSBAND of Maria Voltine
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years ___ Months ___ Days — If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: Shoe worker
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Italy

PARENTS
17 NAME OF FATHER: Clement Peroni
18 BIRTHPLACE OF FATHER (City) (State or country): Italy
19 MAIDEN NAME OF MOTHER: not known
20 BIRTHPLACE OF MOTHER (City) (State or country): Italy

21 Informant Clement Peroni (son)
(Address) 118 Bennington St., E. Boston, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

50M-1-58-921876

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .. — General Laws, Chap. 38, Sec. 6 , as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION ..... DEC 22 1959 FM

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 229

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Wibthrop Community Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Frances Chardon Fanning (If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 54 Cliff Ave., St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death ....years....months 2 days. In place of residence 55 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 22 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May, 1950, to Dec. 22, 1959
I last saw he alive on Dec. 22, 1959, death is said to have occurred on the date stated above, at 10:04 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

	INTERVAL BETWEEN ONSET AND DEATH
(a) Myocardial Infarction	1 hr
Due To (b) Myocardial Heart Disease	yrs
Due To (c) Arteriosclerosis generalized	yrs
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? no
What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph Gregoire, M. D.
(PRINT OR TYPE SIGNATURE)
(Address) 164 Washington St. Date 12-22 1959

6 Winthrop Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL December 26 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop, Mass.

Received and filed DEC 23 1959 19....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Phillip Chardon (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years....Months....Days If under 24 hours ....Hours....Minutes

13 Usual Occupation: Retired (Kind of work done during most of working life)

14 Industry or Business: Social Worker

15 Social Security No.

16 BIRTHPLACE (City) Boston (State or country) Mass

PARENTS
17 NAME OF FATHER Francis A. Fanning
18 BIRTHPLACE OF FATHER (City) Chelsea (State or country) Mass
19 MAIDEN NAME OF MOTHER Margaret E. Callahan
20 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass

21 Informant Mrs. Elizabeth Dodd
(Address) 181 Highland Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
[illegible]
(Signature of Agent of Board of Health or other)
[illegible] 12/23/59
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

DEC 23 1959 PM

-301A

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RTIFICATE

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50M-5-57-920345

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 230

PLACE OF DEATH

1 SUFFOLK (County)

WINTHROP (City or Town)

No. BAY VIEW NURSING HOME St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME NATHAN COHEN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) WWI

(a) Residence. No. 6 CLINTON St. CAMBRIDGE
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years ___ months ___ days. In place of residence 15 years ___ months ___ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DEC. (Month) 22, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec., 1959, to Dec 22, 1959

I last saw him alive on Dec 18, 1959, death is said to have occurred on the date stated above, at 10:00 P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Brain tumor

Due To (b) 7 yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS

INTERVAL BETWEEN ONSET AND DEATH

Was autopsy performed?
What test confirmed diagnosis? operation

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) H B Greenfield, M. D.
(Address) 447 SHIRLEY ST. WINTHROP Date 12/23 1959

6 MT. LEBANON - W. ROXBURY
Place of Burial or Cremation (City or Town)
DATE OF BURIAL DEC. 24, 1959

7 NAME OF FUNERAL DIRECTOR BENJAMIN BIRNBACH
ADDRESS 10 WASHINGTON ST. DOR.

Received and filed DEC 23 1959 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE

9 COLOR WHITE

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) SINGLE

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years ___ Months ___ Days
If under 24 hours ___ Hours ___ Minutes

13 Usual Occupation: NEWSPAPER MAILER
(Kind of work done during most of working life)

14 Industry or Business: RETIRED

15 Social Security No. NONE

16 BIRTHPLACE (City) BOSTON, MASS.
(State or country)

PARENTS

17 NAME OF FATHER ABRAHAM COHEN

18 BIRTHPLACE OF FATHER (City) RUSSIA
(State or country)

19 MAIDEN NAME OF MOTHER LENA SHEDUSKY

20 BIRTHPLACE OF MOTHER (City) RUSSIA
(State or country)

21 Informant SAMUEL CORWIN
(Address) 36 PERKINS ST. WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Jack E. Sullivan
(Signature of Agent of Board of Health or other)

Health Officer 12/23/59
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6 . as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE 11/23/17 - BOSTON, MASS.

DATE OF DISCHARGE 4/29/19 - CAMP DEVENS, MASS.

RANK, RATING PRIVATE

ORGANIZATION AND OUTFIT BATTERY F. - 101ST FIELD ARTILLERY

SERVICE NUMBER 2309760

U.S. ARMY

R-303 A

PLACE OF DEATH

1 SUFFOLK (County)

WINTHROP (City or Town)

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 231

No. 18 Dolphin Avenue, Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MINNIE GREENHOUSE
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 18 Dolphin Avenue, Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 18 years ... months ... days. In place of residence 18 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December (Month) 23, (Day) 1959 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Arteriosclerotic heart disease;
Coronary occlusion.

5 Accident, suicide, or homicide (specify)

Date and hour of injury ... 19...

IF ACCIDENTAL, was injury causally related to the death?

Where did Injury occur? (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury (How did injury occur?)

Nature of Injury

While at work? Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael A. Luongo, M.D.
Michael A. Luongo, M.D. (Print or Type Signature)

(Address) BOSTON Date 12/23 19 59

7 Rabbi Isaac Elchonon Everett
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL December 24 19 59

8 NAME OF FUNERAL DIRECTOR Torf Funeral Service Inc

ADDRESS Chelsea Mass

Received and filed DEC 24 1959 19...
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female

10 COLOR White

11 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

11a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Isadore Greenhouse (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 80 Years ... Months ... Days If under 24 hours ... Hours ... Minutes

14 Usual Occupation: Housewife (Kind of work done during most of working life)

15 Industry or Business: Own Home

16 Social Security No. None

17 BIRTHPLACE (City) (State or country) Russia

PARENTS

18 NAME OF FATHER (cbl) Lagoon

19 BIRTHPLACE OF FATHER (City) (State or country) Russia

20 MAIDEN NAME OF MOTHER C.B.L.

21 BIRTHPLACE OF MOTHER (City) (State or country) Russia

22 Informant Goldie Greenhouse (Address) 200 West 15th St N.Y. N.Y.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

35M-11-59-926662

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

INFORMATION SHOULD BE CAREFULLY SUPPLIED. MEDICAL EXAMINERS SHOULD USE CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for additional information. See also Chap. 38, §§ 6, 20; Chap. 46, §§ 9, 10; Chap. 114, §§ 44-48.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a collision of railroad train and automobile." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic for (enter name of operation and disease or condition requiring surgery)." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DEC 2 1959 M

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 232

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 4 Sagamore Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No

2 FULL NAME Pellegrino Matarazzo
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 48 Everett St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 45 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec (Month) 24 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from JULY, 1947, to DEC 24, 1959
I last saw h.. alive on DEC 23, 1959, death is said to have occurred on the date stated above, at 9 P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) CORONARY THROMBOSIS	1 DAY
Due To (b) HYPERTENSION	10 YRS
Due To (c) ARTERIO SCLEROSIS	10 YRS
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? NO
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Louis F Salerno, M. D.
LOUIS F. SALERNO
(PRINT OR TYPE SIGNATURE)
(Address) 44 SARATOGA S.E. EAST BOSTON Date DEC 25 1959

6 Place of Burial or Cremation St. Michael (City or Town) Boston
DATE OF BURIAL Dec. 28, 1959

7 NAME OF FUNERAL DIRECTOR DiPietro & Vazza
ADDRESS 11 Henry St, East Boston

Received and filed DEC 28 1959 19.....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR White
10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced HUSBAND of Isabella Vecchi
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years.....Months.....Days If under 24 hours .....Hours.....Minutes

13 Usual Occupation: Candy Maker (Retired)
(Kind of work done during most of working life)

14 Industry or Business: Candy Factory

15 Social Security No. 011-07-1062

16 BIRTHPLACE (City) (State or country) Italy

PARENTS
17 NAME OF FATHER Domenico Matarazzo
18 BIRTHPLACE OF FATHER (City) (State or country) Italy
19 MAIDEN NAME OF MOTHER Carmela DeAngelis
20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant Domenica Matarazzo
(Address) 48 Everett St, East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph E. Sersamian
(Signature of Agent of Board of Health or other)
M. C. Dec 26, 1959
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

DEC 28 1959

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 233

PLACE OF DEATH

1 Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Elizabeth T. Hollihan (Was deceased a U. S. War Veteran, if so specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 135 Grover Ave., St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years....months 14 days. In place of residence 30 years....months....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 25 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1959, to Dec 25, 1959
I last saw h~~w~~ alive on Dec. 24, 1959, death is said to have occurred on the date stated above, at 10 a m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Cerebral Thrombosis	1/2 hr
Due To (b) Chronic Myocarditis	3 yrs
Due To (c) Hypertension	3 yrs
OTHER SIGNIFICANT CONDITIONS Edema of extremities	

Was autopsy performed? No
What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) George H. Schwartz, M. D.
George H. Schwartz
(PRINT OR TYPE SIGNATURE)
(Address) 19 Primrose St Date 12/25/59

6 Place of Burial or Cremation St. Pauls Cemetery Arlington (City or Town)
DATE OF BURIAL December 29 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass.

Received and filed DEC 28 1959 19....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of John D. Hollihan
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years....Months....Days
If under 24 hours ....Hours....Minutes

13 Usual Occupation: Secretary
(Kind of work done during most of working life)

14 Industry or Business: Law

15 Social Security No.

16 BIRTHPLACE (City) Cambridge
(State or country) Mass

PARENTS

17 NAME OF FATHER John E. Kirby

18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Elizabeth Cahalane

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

21 Informant (Address) John D. Hollihan 135 Grover Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Ralph E. Ferrante
(Signature of Agent of Board of Health or other)
Health Officer 12/28/59
(Official Designation) (Date of Issue of Permit)

-301A

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SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

DEC 2 8 1959 AM

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-9-59-926111

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BROOKLINE (City or Town making this return)

Registered No. ~~958~~ 234

1 PLACE OF DEATH

NORFOLK (County)

BROOKLINE (City or Town)

No. 34 Francis Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Cora P. Howe (Smith)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. (Usual place of abode) No. 278 Main Street St. Winthrop, Massachusetts (If nonresident, give city or town and State)

Length of stay: In place of death 15 years ..... months ..... days. In place of residence 50 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December (Month) 29 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from December 14 59 to December 24 59, 19..., and last saw h...er alive on December 24 59, 19..., death is said to have occurred on the date stated above, at 9:08 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

Due To (b) Carcinoma of Pancreas

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? no
What test confirmed diagnosis? biopsy

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Robert E. Brownlee, M. D.
(Address) 1180 Beacon St. Date 12-29 19 59

6 Place of Burial or Cremation Winthrop Cemetery, Winthrop, Massachusetts (City or Town)
DATE OF BURIAL January 2 19 60

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Massachusetts

Received and filed JAN 11 1960 19...
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female | 9 COLOR white | 10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) widowed

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of William A. Howe (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years 5 Months 12 Days | If under 24 hours ..... Hours ..... Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Concord (State or country) Massachusetts

PARENTS

17 NAME OF FATHER Benjamin F. Smith

18 BIRTHPLACE OF FATHER (City) Boston (State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Ellen E. Cheney

20 BIRTHPLACE OF MOTHER (City) Grafton (State or country) Massachusetts

21 Informant Thomas E. Key
(Address) 15 Johnson Ave., Winthrop, Mass.

A TRUE COPY
ATTEST: [signature]
(Registrar of City or Town where death occurred)

DATE FILED December 31, 19 59

JAN 1 1 1950

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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R-301A

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59-925686

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 235

1 PLACE OF DEATH
Suffolk (County)
Winthrop, Mass. (City or Town)
No. 16 Moore Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Amended 1-6-60

PHYSICIAN — IMPORTANT

2 FULL NAME Mary ~~Bertha~~ (Besom) Geppert (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 16 Moore Street St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 48 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December (Month) 30, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 22, 1953, to Dec. 30, 1959, I last saw her alive on Dec. 29, 1959, death is said to have occurred on the date stated above, at 11 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Hypertensive and arteriosclerotic heart disease	6 yrs.
Due To (b) Generalized Arteriosclerosis	8 yrs.
Due To (c) Hypertrophic arthritis	5 years
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? no
What test confirmed diagnosis? Clinical & laboratory

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) M. Traunstein Jr, M. D.
M. Traunstein, Jr., M. D.
(PRINT OR TYPE SIGNATURE)
(Address) 73 Bartlett Rd. Winthrop 52, Mass. Date Dec. 30, 1959

6 Place of Burial or Cremation Winthrop Cemetery Winthrop, Mass. (City or Town)
DATE OF BURIAL January 2, 1960

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed DEC 31 1959 (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Edward Francis Geppert
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 2 Months 7 Days
If under 24 hours .....Hours.....Minutes

13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. 033-16-6585-B.

16 BIRTHPLACE (City) Newport
(State or country) Pennsylvania

PARENTS

17 NAME OF FATHER Samuel Besom

18 BIRTHPLACE OF FATHER (City) Perry County
(State or country) Pennsylvania

19 MAIDEN NAME OF MOTHER Mary VanNewkirk

20 BIRTHPLACE OF MOTHER (City) Perry County
(State or country) Pennsylvania

21 Informant Miss Pamela V. Besom
(Address) 16 Moore St. Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Mass. Pamela V. Besom
(Signature of Agent of Board of Health or other)
Health Officer 12/31/59
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING .....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

DEC 3 1 1959

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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M R-301A

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STRUCTIONS
FOR
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Chapter 137,
of 1954, requires
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certificates, and
er 48, Acts of
requires Physi-
to print or type
under signature

18 1960

M-6-59-925686

236

OUT - OF - TOWN

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 98525

PLACE OF DEATH

1 Suffolk (County)

Boston (City or Town)

No. Veterans Administration Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) WW I

2 FULL NAME William E. OSBORNE
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No. 102 Barnes Avenue St. East Boston, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 3 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September (Month) 5 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from August 2, 1959, to September 5, 1959, death is said to have occurred on the date stated above, at 7:45 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No
What test confirmed diagnosis? Lt Pneumonectomy 1956

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Michael Reiss, M. D.
MICHAEL REISS
(PRINT OR TYPE SIGNATURE)
(Address) VA Hospital, Boston Date Sept. 5 1959

6 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL September 9 1959

7 NAME OF FUNERAL DIRECTOR Arthur S. Forcella
ADDRESS 876 Winthrop St., Revere, Mass.

Received and filed SEP 10 1959
Charles H. Mackie (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male

9 COLOR: White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced, HUSBAND of Mary A. Pozzuoli
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here

12 AGE 65 Years 2 Months 22 Days — If under 24 hours Hours Minutes

13 Usual Occupation: Drawtender
(Kind of work done during most of working life)

14 Industry or Business: Cabi

15 Social Security No. 012-20-3531

16 BIRTHPLACE (City) (State or country) Ireland

PARENTS

17 NAME OF FATHER John Osborne

18 BIRTHPLACE OF FATHER (City) (State or country) Ireland

19 MAIDEN NAME OF MOTHER Annie Mac Tiernan

20 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

21 Informant VA Hospital Records
(Address) 150 So. Huntington Ave., Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

4383 (Official Designation) 9/8/59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JAN 1 3 1930

FORM R-303 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for additional information. See also Chap. 38, §§ 6, 20; Chap. 46, §§ 9, 10; Chap. 114, §§ 44-48.

If deceased was a U. S. War Veteran, f. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M 1-59-92934

OR TYPE THE CAUSE OR CAUSES OF DEATH ON DEATH CERTIFICATE.

N 18 1960

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON (City or Town)

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent.

237

Registered No. 48783

No. Massachusetts General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME CARRIE SMALLEY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No

1(a) Residence (Usual place of abode) No. 811 Shirley Street St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death ... years ... months ... days. In place of residence 40 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September (Month) 13, (Day) 1959 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above named and that the CAUSE AND MANNER thereof are as follows. (If an injury was involved, state fully.)

Fracture of femur. Pulmonary embolism.

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury 8/31 59

IF ACCIDENTAL, was injury causally related to the death?

Where did injury occur Winthrop, Mass. (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place Home (Specify type of place)

Manner of injury Fall to floor from couch. (How did injury occur?)

Nature of injury Fracture of femur.

While at work Was autopsy performed? No

6 Was death caused in any way by the occupation of deceased?

If so, (Signed) Michael A. Luongo M. D.

Michael A. Luongo, M.D. (Print or Type Signature)

(Address) Boston Date 9/14 59

7 Place of Burial, or Cremation Norfolk Cemetery (City or Town) Norfolk Mass

DATE OF BURIAL September 16 59

8 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop Mass

Received and filed ... Charles A. Mackie ... (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female

10 COLOR White

11 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married

11a If married, widowed, or divorced HUSBAND of ... (Give maiden name of wife in full)

(or) WIFE of Fred Smalley (Husband's name in full)

12 IF STILLBORN, enter that fact here

13 AGE 81 Years ... Months ... Days. If under 24 hours Hour ... Minutes

14 Usual Occupation: Housewife (Kind of work done during most of working life)

15 Industry or Business: Own Home

16 Social Security No.

17 BIRTHPLACE (City) Boston (State or country) Mass

PARENTS

18 NAME OF FATHER Melitius Jackson

19 BIRTHPLACE OF FATHER (City) Belfast (State or country) Maine

20 MAIDEN NAME OF MOTHER Phoebe Jane Draper

21 BIRTHPLACE OF MOTHER (City) Old Town (State or country) Maine

22 Informant Fred Smalley (Address) 811 Shirley St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

1573 (Official Designation) 9/16/59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JAN 1 8 1960

RM R-303 A

331

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for additional information. See also Chap. 38, §§ 6, 20; Chap. 46, §§ 9, 10; Chap. 111, §§ 44-48.

If deceased was a U. S. War Veteran, G.L. Chap. 115, Section 11 requires physicians to insert a recital to that effect.

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON (City or Town)

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent.

Registered No. 188837

No. MASSACHUSETTS GENERAL HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOHN Henry SEARS (JOHN HENRY SEARS) (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, then specify WAR)

(a) Residence. No. 24 Orlando Ave. St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years ... months 4 days. In place of residence 46 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September (Month) 15, (Day) 1959 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above named and that the CAUSE AND MANNER thereof are as follows. (If any injury was involved, state fully.)

Intracranial hemorrhages, including intracerebral, subdural and epidural hemorrhages.

5 Accident, suicide, or homicide (specify)

(state and hour of injury)

IF ACCIDENTAL, was injury causally related to the death?

Where did Injury occur? (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury Collapsed in MTA Station (How did injury occur?)

Nature of Injury September 10, 1959.

While at work? Was autopsy performed? Yes

6 Was death due to injury in any way related to occupation of deceased?

H. S., M. D.

(Signed) Michael A. Luongo M. D.

Michael A. Luongo, M.D. (Print or Type Signature)

(Address) Boston Date 9/15 1959

Winthrop Cemetery, Winthrop, Mass. (Place of Burial, or Cremation) (City or town)

DATE OF BURIAL September 17, 1959

NAME OF FUNERAL DIRECTOR Alfred B. Morsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed SEP 18 1959

Charles H. Mackie (Deputy Clerk)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male

10 COLOR White

11 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married

11a If married, widowed or divorced, HUSBAND of Elizabeth Ellsworth Stone (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here

13 AGE 46 Years 4 Months 28 Days If under 24 hours Hours Minutes

14 Usual Occupation Bank Clerk (Kind of work done during most of working life)

15 Industry or Business Commercial Bank

16 Social Security No. 020-14-4089

17 BIRTHPLACE (City) (State or country) Salem Massachusetts

PARENTS

18 NAME OF FATHER John Sears

19 BIRTHPLACE OF FATHER (City) (State or country) Danvers Massachusetts

20 MAIDEN NAME OF MOTHER Laura Belle Wood

21 BIRTHPLACE OF MOTHER (City) (State or country) Baltimore Maryland

22 Informant Mrs. John H. Sears (Address) 24 Orlando Ave. Winthrop

I HEREBY CERTIFY that a statistical standard certificate of death was filed with me BEFORE the burial or removal permit was issued

Norma Mae Donnell (Signature of Agent of Board of Health or other)

4530 (Official Designation) 9-17-59 (Date of Issue of Permit)

1 18 1960

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JAN 1 8 1960

239

OUT - OF - TOWN

MR-301A

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RUCTIONS
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HAP. 46 §§ 9 &
HAP. 114 § 45.
HAP. 38 § 6.)

18 1960

10-58-823886

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 08970

PLACE OF DEATH

1 Suffolk (County)
Boston (City or Town)
No. The Children's Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Carbone
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 59 Shirley St. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death hospital years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 19, 1959 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1959 to Sept 19, 1959
I last saw her alive on Sept 19, 1959, death is said to have occurred on the date stated above, 8:35 p. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE — INTERVAL BETWEEN ONSET AND DEATH

(a) ERYTHROBLASTOSIS FETALIS

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? YES
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) Joseph W. Lawlor M. D.
(Address) 300 Longwood Ave. Date 9-19-59 19

6 Place of Burial or Cremation Winthrop Cemetery Winthrop (City or Town)
DATE OF BURIAL September 21, 1959

7 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St. Boston, Mass.

SEP 23 1959

Received and filed 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female
9 COLOR white
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) single

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months Days — If under 24 hours 6 Hours 45 Minutes

13 Usual Occupation: none
(Kind of work done during most of working life)

14 Industry or Business: none

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Winthrop, Mass.

PARENTS

17 NAME OF FATHER Gaetano Carbone

18 BIRTHPLACE OF FATHER (City) (State or country) Boston, Mass.

19 MAIDEN NAME OF MOTHER Anna Rose Oliva

20 BIRTHPLACE OF MOTHER (City) (State or country) Boston, Mass.

21 Informant Gaetano Carbone (father)
(Address) 59 Shirley St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Gay Ryerson
(Signature of Agent of Board of Health or other)

(Official Designation) 9-21-59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JAN 1 1 1997

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

R-302

25M-2-58-922072

PHOTOCOPY REFERRING TO VITAL EVENT INVOLVING RESIDENT OF YOUR STATE IN MINNESOTA.

MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics

CERTIFICATE OF DEATH

21078

1. PLACE OF DEATH: STATE OF MINNESOTA
a. COUNTY: Cass
b. ~~CITY, VILLAGE OR TOWNSHIP~~: Unorganized #4
c. LENGTH OF STAY in 1 b.: 3 days
d. NAME OF (If not in hospital or institution, give street address) HOSPITAL OR INSTITUTION:
e. IS PLACE OF DEATH INSIDE CORPORATE LIMITS? YES ☐ NO ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mass.
b. COUNTY: Suffolk
c. CITY, ~~VILLAGE OR TOWNSHIP~~: Winthrop
d. STREET ADDRESS: POST OFFICE: Winthrop
e. IS RESIDENCE INSIDE CORPORATE LIMITS? ☒ YES ☐ NO
f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or Print): Raymond John Scott
4. DATE OF DEATH: Month Sept. Day 20 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Sept. 2, 1906
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months 0, Days 18 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Aviation Inspector
10b. KIND OF BUSINESS OR INDUSTRY: Aviation Govt.
11. BIRTHPLACE (State or foreign country): Madelia, Minn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: John. Scott
13b. MOTHER'S MAIDEN NAME: Hannah Alexander
14. SPOUSE'S NAME: Phyllis Scott.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 342-07-5745
17. INFORMANT'S OWN SIGNATURE: Phyllis Scott. ADDRESS: Winthrop, Mass

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Myocardial Infarction — 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause on line (c):
DUE TO (b): Coronary Occlusion — 10 hours.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART 1(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20a. ACCIDENT, SUICIDE OR HOMICIDE. (SPECIFY):
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street office bldg., etc.)
20f. CITY, VILLAGE OR TOWNSHIP COUNTY STATE
21. I certify I attended the deceased from 9/20/59 to 9/21/59, and that I last saw the deceased alive on ____ 19__, and that death occurred at ____ m on the date stated above and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Peter M. Drachen (Degree or title) M.D.
22b. ADDRESS: Chelsea Massachusetts
22c. DATE SIGNED: 9/21/59
23a. BURIAL CREMATION REMOVAL (Specify): Burial
23b. DATE: 9/24/1959
23c. NAME OF CEMETERY OR CREMATORY: Lakewood Cemetery
23d. LOCATION (City, village or county) (State): Minneapolis, Minn.
24. DATE FILED BY LOCAL REG.: Sept. 22, 1959
25. REGISTRAR'S SIGNATURE: Anna Rivers
26. SIGNATURE OF MORTICIAN OR FUNERAL DIRECTOR: Earle M. Thomas Walker, Minn. ADDRESS

Signature of Sub-Registrar
Burial or removal permit issued, 19__

PLACE OF DEATH
CASS (County)
Unorganized #4 (City or Town)
Minnesota
No.

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Winthrop (City or Town making this return)
Registered No. 240

2 FULL NAME RAYMOND JOHN SCOTT
(If deceased is a married, widowed or divorced woman, give also maiden name.)
St. (Sept. 20, 1959) (If death occurred in a hospital or institution, give its NAME instead of street and number)
(Was deceased a U. S. War Veteran, if so specify WAR) No.

FEB 2 - 1960

OUT - OF - TOWN

241

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 09212

1 PLACE OF DEATH

Suffolk (County)

~~Winthrop~~ Boston (City or Town)

No. FAULKNER HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME PASQUALE SCARPULLA
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 120 HERMAN STREET. St. WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ....years .... months 14 days. In place of residence 35 years .... months .... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH SEPTEMBER 25 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 12 SEPTEMBER 59 to 25 SEPTEMBER 59, 19 59
I last saw IM alive on 25 SEPTEMBER 59, 19 59, death is said to have occurred on the date stated above, at 7:05 PM

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hepatic coma — INTERVAL BETWEEN ONSET AND DEATH 10d.

Due To (b) Severe liver cirrhosis — YRS.

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? yes
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Frederick Beerel, M. D.
(Address) Faulkner Hospital Date 9/26 19 59

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Sept. 29 1959 19

7 NAME OF FUNERAL DIRECTOR Ernest P Caggiano
ADDRESS 147 Winthrop St Winthrop

Received and filed SEP 30 1959 19
Charles A. Mackie
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) married

10a If married, widowed, or divorced
HUSBAND of Maria Miccioche
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 8 Months Days — If under 24 hours Hours Minutes

13 Usual Occupation: Machinist
(Kind of work done during most of working life)

14 Industry or Business: Retired Mill Worker

15 Social Security No. 024-07-2124

16 BIRTHPLACE (City) (State or country) Italy

PARENTS

17 NAME OF FATHER Charles Scarpulla

18 BIRTHPLACE OF FATHER (City) (State or country) Italy

19 MAIDEN NAME OF MOTHER Santa Madonna

20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant Grace Harper
(Address) 120 Hermon St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

R Rogerson
(Signature of Agent of Board of Health or other)

4673 — (Official Designation)

9/28/59 — (Date of Issue of Permit)

R-301A

TRUCTIONS FOR L CERTIFICATE

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ditions contrib- death but not to the terminal condition given

:- Chapter 137, f 1954, requires ians to print or the cause or of death on certificates.

19 1960

100M-11-58-616148

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JAN 3 0 1959

242

OUT - OF - TOWN

RM R-301A

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HAP. 46 §§ 9 &
HAP. 114 §§ 45,
CHAP. 38 § 6.)

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

MASSACHUSETTS GENERAL HOSPITAL

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON (City or Town)

No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

To be filed for burial permit with Board of Health or its Agent

Registered No. 09214

2 FULL NAME James Gallagher
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) WW1

(a) Residence. No. 210 Main St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay. In place of death years months 6 days. In place of residence 2 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. (Month) 26, (Day) 1959 (Year)

4 I HEREBY CERTIFY. That I attended deceased from Sept. 20, 1959 to Sept. 26, 1959 I last saw him alive on Sept. 26, 1959, death is said to have occurred on the date stated above, at 5:20 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Rupture of heart with cardiac tamponade	4 min
Due To (b) Acute myocardial infarction	7 days
Due To (c) Coronary heart disease	unknown years
OTHER SIGNIFICANT CONDITIONS Arteriolar nephrosclerosis	unknown years

Was autopsy performed? Yes
What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas L. Clay, M. D.
Charles L. Clay, M.D.
(Address) Ass't Dir., Mass. Gen'l Hosp. Date 19

6 Place of Burial or Cremation Winthrop (City or Town) Winthrop
DATE OF BURIAL September 29 1959

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed SEP 30 1959 19
Charles H. Mackie (Registrar)

JAN 19 1960

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of Catherine L. Sheerin
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years Months Days — If under 24 hours Hours Minutes

13 Usual Occupation: Retired Police Officer
(Kind of work done during most of working life)

14 Industry or Business: Police

15 Social Security No. 023-24-5305

16 BIRTHPLACE (City) Charlestown
(State or country) Mass

PARENTS

17 NAME OF FATHER James Gallagher

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Agnes Murray

20 BIRTHPLACE OF MOTHER (City) Cambridge
(State or country) Mass

21 Informant Catherine L. Gallagher
(Address) 210 Main St., Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W. J. Kane
(Signature of Agent of Board of Health or other)

4669 (Official Designation) 9/28/59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JAN 1 9 1950

243

OUT - OF - TOWN

M R-301A

TRUCTIONS FOR L CERTIFICATE

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tions contrib- death but not the terminal ondition given

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50M-1-58-82197C

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 09421

PLACE OF DEATH

1 SUFFOLK (County)

ROXBURY (City or Town)

No. JEWISH MEMORIAL HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME HERMAN BEIN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 36 SARGENT ST., WINTHROP St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ... years 5 months 2 days. In place of residence 15 years ... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH OCTOBER (Month) 3, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from SEPTEMBER 1, 1959, to OCTOBER 3, 1959
I last saw him alive on OCTOBER 3, 1959, death is said to have occurred on the date stated above, at 7:30 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Acute Myocardial Infarction	minutes
Due To (b) Hypertensive Cardio-Vascular Disease	yrs.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Basilar Artery Thrombosis c Rt. Hemiparesis	4-26-59

Was autopsy performed? NO
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? ...
If so, specify Priscilla R. Santos M.D.

(Signed) Priscilla R. Santos, M. D., M. D.
(Address) JEWISH MEMORIAL HOSPITAL Date OCTOBER 3, 1959

6 Chel Jacob Woburn
Place of Burial or Cremation (City or Town)
DATE OF BURIAL October 5 1959

7 NAME OF FUNERAL DIRECTOR Arnold Golov
ADDRESS 1668 Beacon St. Brookline

Received and filed Charles A. Inscho
OCT - 6 1959
(Registrar)

JAN 19 1960

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of Nora Reifel
(Give maiden name of wife in full)
(or) WIFE of ...
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 46 Years ... Months ... Days — If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Attorney
(Kind of work done during most of working life)

14 Industry or Business: Self Employed

15 Social Security No. ...

16 BIRTHPLACE (City) (State or country) Austria

PARENTS

17 NAME OF FATHER Moses Bein

18 BIRTHPLACE OF FATHER (City) (State or country) Austria

19 MAIDEN NAME OF MOTHER Charlotte C. B. L.

20 BIRTHPLACE OF MOTHER (City) (State or country) Austria

21 Informant Nora Bein (Wife)
(Address) 36 Sargent St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Carl Rogison
(Signature of Agent of Board of Health or other)

4701 (Official Designation) 10-5-59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JAN 2 3 1969 M

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HAP 38 § 6.)

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10-58-923888

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its agent

Registered No. 159496

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON (City or Town)

MASSACHUSETTS GENERAL HOSPITAL

No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ALBERT GORDON
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence, No. 273 SHIRLEY STREET St. WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 10 years months days. In place of residence years months 2 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH OCTOBER (Month) 6 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1959 to Oct. 6, 1959 I last saw him alive on Oct. 6, 1959, death is said to have occurred on the date stated above, at 4:25P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Cerebral thrombosis	1 dy
Due To (b) Cerebral arteriosclerosis	3 yrs.
Due To (c)	
OTHER SIGNIFICANT CONDITIONS Hypertension	10+ yrs.
Diabetes mellitus	4 yrs.

Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. L. Clay, M. D.
(Address) Charles L. Clay, M.D. Ass't Dir., Mass. Gen'l Hosp. Date 10/6/ 1959

6 Place of Burial or Cremation Mt. Lebanon, W. Roxbury (City or Town)
DATE OF BURIAL October 7, 1959

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach
ADDRESS 10 Washington St. Dorch.

Received and filed OCT - 8 1959 19
Charles H. Mackin (Registrar)

JAN 19 1960

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced: HUSBAND of Esther Hoffman
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years Months Days — If under 24 hours Hours Minutes

13 Usual Occupation: Sheet Metal Worker
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. 034-01-7114

16 BIRTHPLACE (City) (State or country) Poland

PARENTS

17 NAME OF FATHER Jacob Gordon

18 BIRTHPLACE OF FATHER (City) (State or country) Poland

19 MAIDEN NAME OF MOTHER Rebecca Leminard

20 BIRTHPLACE OF MOTHER (City) (State or country) Poland

21 Informant Esther Gordon
(Address) 273 Shirley St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Norma T. MacDonald
(Signature of Agent of Board of Health or other)

4802 (Official Designation) 10-7-59 (Date of Issue of Permit)

V.V.

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JAN 2 3 1957

245

R-301A

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent.

BK 151 - Pg. #49

Registered No. 09557

PLACE OF DEATH

1 Suffolk (County)

Boston (City or Town)

No. Veterans Administration Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas FRANCIS T. HAYES
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) WW2

(a) Residence No. 34 Pico Avenue (Usual place of abode) xx Winthrop, Mass. (If nonresident, give city or town and State)

Length of stay In place of death years months 22 days. In place of residence life years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October (Month) 7 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from September 15 1959 to October 7 1959, death is said to have occurred on the date stated above, at 4:30 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of the lung with mediastinal metastasis. — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? Clinical & Laboratory

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature], M. D.
MICHAEL MEISS
(PRINT OR TYPE SIGNATURE)
(Address) VAH Boston, Mass. Date Oct. 7 1959

6 Place of Burial or Cremation Maplewood Cem South Parsonsfield, Maine (City or Town)
DATE OF BURIAL October 10 1959

7 NAME OF FUNERAL DIRECTOR O'Maley Funeral Home
ADDRESS 79 Atlantic St., Winthrop, Mass.

Received and filed [signature] 19
OCT 13 1959 (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

10a If married, widowed or divorced HUSBAND of Katiryn Welton (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here

12 AGE 54 55 Years 3 Months 13 Days — If under 24 hours Hours Minutes

13 Usual Occupation: Civil Engineer (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 031 22 0810

16 BIRTHPLACE (City) Winthrop (State or country) Massachusetts

PARENTS

17 NAME OF FATHER Thomas J.

18 BIRTHPLACE OF FATHER (City) New York (State or country) New York

19 MAIDEN NAME OF MOTHER Mary Burke

20 BIRTHPLACE OF MOTHER (City) Middletown (State or country) Connecticut

21 Informant Hospital Records (Address) 150 S. Huntington Ave., Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

[signature] (Signature of Agent of Board of Health or other)

4836 (Official Designation) 10-9-59 (Date of Issue of Permit)

63

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-59-925686

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JAN 2 0 1980

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OUT - OF - TOWN

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10-58-923666

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 19842

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
MASSACHUSETTS GENERAL HOSPITAL
No. M. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME RAYMOND CIOFFI
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No 11 CHESTER AVENUE St. WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay. In place of death years months 4 days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH OCTOBER (Month) 15 (Day) 1959 (Year)

4 I HEREBY CERTIFY. That I attended deceased from Oct. 11, 1959 to Oct. 15, 1959 I last saw him alive on Oct. 15, 1959, death is said to have occurred on the date stated above, at 2:26P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) BLEEDING ESOPHAGEAL VARICES	5 DAYS
Due To (b) CIRRHOSIS OF THE LIVER	5 YEARS
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. L. Cloy, M. D.
(Address) Charles L. Cloy, M.D. Ass't Dir., Mass. Gen'l Hosp. Date 10/15/1959

6 Place of Burial or Cremation Winthrop (City or Town)
DATE OF BURIAL October 19 1958

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed OCT 20 1959 19
Charles A. Mackie (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of Olive Solari (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 54 Years Months Days — If under 24 hours Hours Minutes

13 Usual Occupation: Salesman (Kind of work done during most of working life)

14 Industry or Business: Grocery

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Italy

PARENTS
17 NAME OF FATHER Carlo Cioffi
18 BIRTHPLACE OF FATHER (City) (State or country) Italy
19 MAIDEN NAME OF MOTHER Maria D. Martini
20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant Olive Cioffi
(Address) 11 Chester Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William Worthing
(Signature of Agent of Board of Health or other)

E 22352 (Official Designation) 10-17-59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Recorder

RECEIVED

JAN 26 1960

OUT - OF - TOWN 9807

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 1958-117

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON (City or Town)

MASSACHUSETTS GENERAL HOSPITAL

No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lena Guttel
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No 7 Elmwood Court St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay. In place of death years months 23 days. In place of residence 9 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October (Month) 17 (Day) 59 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1959 to Oct. 17, 1959 I last saw he alive on Oct. 17, 1959, death is said to have occurred on the date stated above, at 9 A.M. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Bronchopneumonia	unk days
Due To (b) Carcinomatosis	18 mos
Due To (c) Carcinoma of Ovary	2 yrs
OTHER SIGNIFICANT CONDITIONS Entero-vesical-vaginal fistula	23 days

Was autopsy performed? Yes
What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. L. Clay, M. D.
(Address) Charles L. Cloy, M.D. Ass't Dir., Mass. Gen'l Hosp. Date 10/16 1959

6 Place of Burial or Cremation Sharon Mem Park Sharon Mass. (City or Town)
DATE OF BURIAL October 18 1959

7 NAME OF FUNERAL DIRECTOR Henry Levine
ADDRESS 470 Harvard St. Brookline Mass.

Received and filed OCT 20 1959 1959
Charles H. Mackie

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR White

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Louis D. Guttel (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years Months Days — If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Russia

PARENTS

17 NAME OF FATHER Julian Yorks

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Sarah (Unknown)

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant (Address) Louis D. Guttel 7 Elmwood Ct. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Robert Leonard 6 2 2360
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) Oct 18 1959

V.B.V

M R-301A
-THIS IS A MENT RECORD. use only
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RUCTIONS FOR L CERTIFICATE
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10-59-923008

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JAN 20 1959

248

OUT - OF - TOWN

M R-301A

—THIS IS A
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AP. 46 § 9 &
AP 114 § 45.

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The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 1001-1

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON (City or Town)

MASSACHUSETTS GENERAL HOSPITAL

No. St. Maryanna (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME DOROTHY CORKUM (Hill) (CORKHUM)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 586 Shirley St. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 4 days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October (Month) 20 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from October 10, 1959 to October 20, 1959 and last saw her alive on October 20, 1959, death is said to have occurred on the date stated above, at 10:30 P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) pulmonary edema	1 year
Due To (b) idiopathic cardiomegaly idiopathic cardiomegalia	1 year
Due To (c)	
OTHER SIGNIFICANT CONDITIONS pulmonary emboli, small	1 year

Was autopsy performed? yes
What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. L. Cloy, M. D.
(Address) Charles L. Cloy, M.D. Ass't Dir., Mass. Gen'l Hosp. Date Oct. 21 1959

6 Winthrop Cemetery Winthrop, Mass
Place of Burial or Cremation (City or Town)
DATE OF BURIAL October 24, 1959

7 NAME OF FUNERAL DIRECTOR Albert B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed Charles H. Mackie
OCT 26 1959 (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female | 9 COLOR white | 10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) married

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Lindsey Arthur Corkhum
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 59 Years 7 Months 1 Days | If under 24 hours Hours Minutes

13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. 012-16-3778-B2

16 BIRTHPLACE (City) New York City
(State or country) New York

PARENTS

17 NAME OF FATHER ~~Frank Arthur~~ Hill

18 BIRTHPLACE OF FATHER (City) New York
(State or country) ~~Nova~~ Scotia

19 MAIDEN NAME OF MOTHER Ella ~~Louise~~ Lewis

20 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia

21 Informant Lindsey A. Corkhum
(Address) 586 Shirley St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Marma Mae Jouabl
(Signature of Agent of Board of Health or other)

5045 (Official Designation) 10-23-59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JAN 22 1900

249

OUT - OF - TOWN

M R-301A

TRUCTIONS FOR IL CERTIFICATE

giving : OF DEATH

d not enter e than one e for each , (b) and (c)

does not mean de of dying, heart failure, etc. It means ease, or compli- which caused

ions, if any, gave rise to cause (a), the under- cause last.

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Chapter 137 1954, requires ns to print or e cause or of death on rtificates, and 48, Acts of quires Physi- print or type der signature

JAN 22 1960

6-59-925686

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 10245

PLACE OF DEATH

1 Suffolk (County)
Boston (City or Town)
No. Beth Israel Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Tallini
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence No. 70 Floyd St. Winthrop St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay In place of death ....years ....months ....days. In place of residence ....years ....months ....days.
6 hrs 55 min

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 10 / 31 / 59
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 1:50 pm 10/31/59 to 8:45 pm 10/31 1959
I last saw he alive on 8:45 pm 10/31/59, death is said to have occurred on the date stated above, at 8:45 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Prematurity

INTERVAL BETWEEN ONSET AND DEATH

Due To
(b)

Due To
(c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? no
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) H. Anne Hughes, M. D.
H. Anne Hughes
(PRINT OR TYPE SIGNATURE)
(Address) Beth Israel Hospital Date 10/1 1959

6 Winthrop Cemetery, Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Nov. 2, 1959

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano
ADDRESS 147 Winthrop St., Winthrop

Received and filed NOV - 3 1958 19..
Charles H. Mack (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F

9 COLOR W

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Single

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE ....Years ....Months ....Days
If under 24 hours 6 Hours 55 Minutes

13 Usual Occupation:
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Boston Mass
(State or country)

PARENTS

17 NAME OF FATHER Roger Tallini

18 BIRTHPLACE OF FATHER (City) Arlington
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Verna Paci

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

21 Informant Roger Tallini
(Address) 70 Floyd St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Jacqueline Casey
(Signature of Agent of Board of Health or other)
5-1309 10-30-59
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

City Clerk

RECEIVED
TOWN OF
WINTHROP
JAN 22 1980 PM

M R-301A

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Chapter 137,
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(IAP. 46 §§ 9 &
CAP. 114 § 45.
HAP 38 § 6)

JUL 22 1960
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10-88-043000

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent.

Registered No. 10717

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON (City or Town)

MASSACHUSETTS GENERAL HOSPITAL

No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOAQUIN ~~FERRIERA~~ Ferreira
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence, No. 215 Woodside Ave. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 3 weeks years months days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November (Month) 12, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1959 to Nov. 12, 1959 I last saw him alive on Nov. 12, 1959 death is said to have occurred on the date stated above, at 11;55Am.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Laryngo-tracheo-bronchitis — INTERVAL BETWEEN ONSET AND DEATH: and days

Due To (b) — INTERVAL: days

Due To (c) — INTERVAL: days

OTHER SIGNIFICANT CONDITIONS Acute pyelonephritis, Infarction, Right kidney — INTERVAL: weeks days, and yrs

Was autopsy performed? Yes
What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. L. Clay, M. D.
(Address) Charles L. Clay, M.D. Ass't Dir., Mass. Gen'l Hosp. Date 11/12/1959

6 Place of Burial or Cremation New Calvary Cemetery, Boston (City or Town)
DATE OF BURIAL November 14th 1959

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby, Inc.
ADDRESS 917 Bennington St., E. Boston

Received and filed 19
Charles F. Mackie
NOV 16 1959 (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

10a If married, widowed, or divorced HUSBAND of Mary M. Furtado (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 92 Years Months Days — If under 24 hours Hours Minutes

13 Usual Occupation: Proprietor (Kind of work done during most of working life)

14 Industry or Business: Tavern

15 Social Security No. No

16 BIRTHPLACE (City) (State or country) Cambridge Mass.

PARENTS

17 NAME OF FATHER Joaquin Ferreira

18 BIRTHPLACE OF FATHER (City) (State or country) Portugal

19 MAIDEN NAME OF MOTHER Rita A. Rodriques

20 BIRTHPLACE OF MOTHER (City) (State or country) Portugal

21 Informant Henry J. Bush-nephew
(Address) 45 Ingrid Rd., Weymouth

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Jacqueline Cadet
(Signature of Agent of Board of Health or other)

5321 (Official Designation) Nov. 13, 1959 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JAN 22 1900

251

OUT - OF - TOWN

M R-303 A

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON (City or Town)

The Commonwealth of Massachusetts

JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 10716

No. MASSACHUSETTS GENERAL HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ANNIE L.VASCONCELLOS (Ratti)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence, No. 62 Sargent Street St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years 1 months 14 days. In place of residence 8 years ..... months ..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November (Month) 12, (Day) 1959 (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Myocardial infarction following fracture of femur.

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury 10/1 19 59

If ACCIDENTAL, was injury causally related to the death?

Where did Injury occur? Winthrop, Mass. (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? Home (Specify type of place)

Manner of Injury Fall to floor (How did injury occur?)

Nature of Injury Fracture of femur.

While at work? Was autopsy performed? No

6 Was cause of injury in any way related to occupation of deceased?

If so, ...

(Signed) Michael A. Luongo, M. D.
(Print or Type Signature)

(Address) Boston Date 11/12 19 59

7 Holy Cross Cemetery, Malden
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL November 16th 19 59

8 NAME OF UNDERTAKER Richard C. Kirby, Inc.

ADDRESS 917 Bennington St., E. Boston

Received and filed NOV 16 1959 19 ...
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female

10 COLOR White

11 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Widowed

11a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full)

(or) WIFE of Francis C. Vasconcellos (Husband's name in full)

12 IF STILLBORN, enter that fact here

13 AGE 83 Years 2 Months 18 Days | If under 24 hours Hour Minutes

14 Usual Occupation: Housewife (Kind of work done during most of working life)

15 Industry or Business: At home

16 Social Security No. 033-16-9492 A

17 BIRTHPLACE (City) Boston (State or country) Mass.

PARENTS

18 NAME OF FATHER Augustus Ratti

19 BIRTHPLACE OF FATHER (City) (State or country) Italy

20 MAIDEN NAME OF MOTHER Mary J. Cavagnaro

21 BIRTHPLACE OF MOTHER (City) (State or country) Boston Mass.

22 Informant Anthony J. Vasconcellos-son
(Address) 6 Upham St., W. Peabody, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

5322 (Official Designation) Nov 15, 1959 (Date of Issue of Permit)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for additional information. See also Chap. 38, §§ 6, 20; Chap. 46, §§ 9, 10; Chap. 114, §§ 44-46.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, require physicians to insert a recital to that effect.

25M-3-59-92434

2 1960

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JAN 22 1960

252

OUT - OF - TOWN

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 10840

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON (City or Town)

MASSACHUSETTS GENERAL HOSPITAL

No. (Allen) St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME HELEN ATWOOD
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 46 Washington Ave. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 12 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November (Month) 16, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1959 to Nov. 16, 1959 I last saw her alive on Nov. 16, 1959, death is said to have occurred on the date stated above, at 1;35 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? yes
What test confirmed diagnosis autopsy

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. L. Clay, M. D.
Charles L. Clay, M.D.
(Address) Ass't Dir., Mass. Gen'l Hosp. Date 11/16/ 1959

6 Winthrop Place of Burial or Cremation — Winthrop (City or Town)
DATE OF BURIAL Nov. 18 1959

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received this 19
Charles H. Mackie
(Registrar)

NOV 18 1959

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female

9 COLOR White

10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widow

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Ernest Atwood
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years 0 Months 26 Days — If under 24 hours ... Hours ... Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. 021-37-0473

16 BIRTHPLACE (City) Glendale
(State or country) Nova Scotia

PARENTS

17 NAME OF FATHER Henry Allen

18 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Arabella Dun

20 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia

21 Informant Records Old Age Assistance
(Address) Town of Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Jacqueline Casey
(Signature of Agent of Board of Health or other)

5361 (Official Designation)

11-16-59. (Date of Issue of Permit)

I R-301A

THIS IS A ENT RECORD. e only APPROVED nk or black iter ribbon.

IUCTIONS FOR CERTIFICATE giving OF DEATH ot enter than one for each (b) and (c)

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Chapter 137, 1954, requires ns to print or cause or f death on tificates.

AP. 46 § 9 & AP 114 § 45. AP 33

APR 22 1960

al Director: e use only BACK Ink.

O-58-623866

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JAN 22 1966

OUT - OF - TOWN

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its agent

Registered No. 10929

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON (City or Town)

MASSACHUSETTS GENERAL HOSPITAL

No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME EDWARD F. WALKER SR.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN – IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 4 Summit Ave., St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay. In place of death years months 9 days. In place of residence 2 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November (Month) 17, (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1959 to Nov. 17, 1959 and last saw him alive on Nov. 17, 1959 death is said to have occurred on the date stated above, at 4:20 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Aspiration of Gastric Content	unknown hrs.
Due To (b) Bleeding Gastric Ulcers.	unknown days.
Due To (c) Portal Cirrhosis	1 yrs.
OTHER SIGNIFICANT CONDITIONS Hepatic Failure	4 days.

Was autopsy performed? yes
What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. L. Clay, M. D.
Charles L. Clay, M.D.
(Address) Ass't Dir., Mass. Gen'l Hosp. Date 11/17/ 1959

6 Place of Burial or Cremation St. Josephs, Boston (City or Town)
DATE OF BURIAL November 21, 1959

7 NAME OF FUNERAL DIRECTOR John E. Kelly
ADDRESS 286 Meridian St. East Boston

Received and filed Nov 23 1959 19 Charles H. Mahoney (Registrar)

JAN 22 1960

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male | 9 COLOR White | 10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed or divorced HUSBAND of Kathleen L. Broussard
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here. —

12 AGE 57 Years Months Days | If under 24 hours Hours Minutes

13 Usual Occupation: Sales Manager
(Kind of work done during most of working life)

14 Industry or Business: Trucking Co.

15 Social Security No. 015-16-7747

16 BIRTHPLACE (City) (State or country) Boston Mass.

PARENTS

17 NAME OF FATHER Joseph Walker

18 BIRTHPLACE OF FATHER (City) (State or country) Boston Mass.

19 MAIDEN NAME OF MOTHER Catherine Driscoll

20 BIRTHPLACE OF MOTHER (City) (State or country) Boston Mass.

21 Informant Mrs. Kathleen L. Walker
(Address) 4 Summit Ave., Win. Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Jacqueline Casey

#E 5398 (Official Designation) 11-19-59 (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

JAN 22 1900

OUT - OF TOWN

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston 254
(City or Town making this return)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Registered No. 10952

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)

No. 818 Harrison Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jeanne Goldberg (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 14 Dolphin Av St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ____ years ____ months ____ days. In place of residence ____ years ____ months ____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 18, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__

I last saw h__ alive on ____, 19__, death is said to have occurred on the date stated above, at ____ m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE	INTERVAL BETWEEN ONSET AND DEATH
(a) Aortic stenosis	
Due To (b)	
Due To (c)	
OTHER SIGNIFICANT CONDITIONS	

Was autopsy performed? ____
What test confirmed diagnosis? ____

5 Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) Richard Ford, M. D.
(Address) Boston Date 11/18/59 19

6 Place of Burial or Cremation Mt Lebanon, W Roxbury, Mass. (City or Town)
DATE OF BURIAL November 20, 1959 19

7 NAME OF FUNERAL DIRECTOR Arnold Golov
ADDRESS 1668 Beacon St, Brookline

Received and filed November 23, 1959 19
Charles H. [illegible] (Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR White
10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

10a If married, widowed, or divorced
HUSBAND of ____ (Give maiden name of wife in full)
(or) WIFE of Sampson Goldberg (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years ____ Months ____ Days — If under 24 hours ____ Hours ____ Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) (State or country) Russia

PARENTS
17 NAME OF FATHER Morris Steinberg
18 BIRTHPLACE OF FATHER (City) (State or country) Russia
19 MAIDEN NAME OF MOTHER ---
20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant Myron Norman (Son)
(Address) 147 Payson Rd Brookline

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Jacqueline Carell
(Signature of Agent of Board of Health or other)

5415 (Official Designation) 11-20-59 (Date of Issue of Permit)

DM-3-57-919789

22 1960

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . .Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body n a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.
. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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R-301

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19-925686

The Commonwealth of Massachusetts

JOSEPH D WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

255

OUT - OF - TOWN

To be filed for burial permit with Board of Health or its Agent.

Registered No. 10944

PLACE OF DEATH

1 Suffolk County

Boston (City or Town)

No. Veterans Administration Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clarence R. BAXTER (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) WWI

a Residence No. 14 Mermaid Ave. x Winthrop, Mass. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay In place of death years months -1 days. In place of residence years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November (Month) 19 (Day) 1959 (Year)

4 I HEREBY CERTIFY, That I attended deceased from November 18, 1959, to November 19, 1959, death is said to have occurred on the date stated above, at 2:50 a. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Rheumatic heart disease with aortic and mitral stenosis

Due To (b) Cardiac failure

Due To (c)

OTHER SIGNIFICANT CONDITIONS

INTERVAL BETWEEN ONSET AND DEATH: yrs / days

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy&Clinical Findings

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James S. Quinn, M. D.
JAMES S. QUINN (PRINT OR TYPE SIGNATURE)

(Address) VAH, Boston, Mass. Date Nov. 19 19 59

6 Place of Burial or Cremation Woodlawn Cem., Everett, Mass. (City or Town)

DATE OF BURIAL November 21 19 59

7 NAME OF FUNERAL DIRECTOR Elwood G. Bryant

ADDRESS 181 Broadway, Somerville, Mass.

Received and filed Nov 23 1959 (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male

9 COLOR: White

10 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Married

10a If married, widowed, or divorced HUSBAND of Frances Adams (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here

12 AGE 62 Years 0 Months 21 Days. If under 24 hours Hours Minutes

13 Usual Occupation Painter (Retired) (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 021 - 20 - 4153

16 BIRTHPLACE (City) Somerville (State or country) Mass.

PARENTS

17 NAME OF FATHER Clarence Baxter

18 BIRTHPLACE OF FATHER (City) Nova Scotia (State or country) Canada

19 MAIDEN NAME OF MOTHER Sarah Sweet

20 BIRTHPLACE OF MOTHER (City) Nova Scotia (State or country) Canada

21 Informant VA Hospital Records (Address) Boston 30, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Jacqueline Cable (Signature of Agent of board of Health or other)

5-25 (Official Designation) Nov. 23, 1959 (Date of Issue of Permit)

JAN 22 1960

A TRUE COPY ATTEST:

Charles R. Forsch

RECEIVED

JAN 22 1900 P.M.

MARGIN RESERVED FOR BINDING

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Bedford (City or Town making this return)

256

Registered No. 69

PLACE OF DEATH

1 MIDDLESEX (County)

BEDFORD (City or Town)

No. V.A. HOSPITAL, BEDFORD, MASS. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARY DAVIDSON C#1 014 236
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) WW I

(a) Residence. No. 1167 BOYLSTON St. BOSTON, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 5 years 10 months 14 days. In place of residence - years - months - days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DECEMBER 13, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from January 29, 1954, to December 13, 1959

I last saw h. alive on December 13, 1959, death is said to have occurred on the date stated above, at 5:35 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hemorrhage of left cerebral artery due to arteriosclerosis.

Due To (b) OTHER SIGNIFICANT CONDITIONS: Chr.Br.Syn. associated with cerebral arteriosclerosis with psychotic reaction.

Due To (c) Arteriosclerotic heart disease

OTHER SIGNIFICANT CONDITIONS

INTERVAL BETWEEN ONSET AND DEATH
3 days
4-5-54
1-29-54

Was autopsy performed? YES
What test confirmed diagnosis? Clin.Lab.&Autopsy fndgs

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) EARL B. WHEELER, M. D.
(Address) VAH BEDFORD MASS Date Dec. 22, 1959

6 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL December 15, 1959

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed JAN 12 1960, 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE

9 COLOR WHITE

10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) SINGLE

10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years - Months - Days; If under 24 hours - Hours - Minutes

13 Usual Occupation: Nurse
(Kind of work done during most of working life)

14 Industry or Business: ---

15 Social Security No. Not of record

16 BIRTHPLACE (City) Dundee
(State or country) Scotland

PARENTS

17 NAME OF FATHER Andrew Davidson

18 BIRTHPLACE OF FATHER (City) Not of record
(State or country) Scotland

19 MAIDEN NAME OF MOTHER Mary Stevens

20 BIRTHPLACE OF MOTHER (City) Not of record
(State or country) Scotland

21 Informant
(Address)

A TRUE COPY
ATTEST: Ruth C. Windsor
(Registrar of City or Town where death occurred)

DATE FILED Dec 28, 1959

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-11-55-916145

July 18, 1918

July 19, 1919

Not of record

Army Nurse Corps

Not of record

RECEIVED

JAN 12 1960 AM

OUT - OF - TOWN
11674

The Commonwealth of Massachusetts

JOSEPH D WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 11674

257

PLACE OF DEATH

1 SUFFOLK (County)

BOSTON (City or Town)

No. LEMUEL SHATTUCK HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles R. MacLauchlan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence No. 111 Main Street St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 6 days In place of residence 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 7, 1959
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1959, to Dec. 7, 1959
I last saw him alive on Dec. 7, 1959, death is said to have occurred on the date stated above, at 10:10 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 9 mos

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? Yes
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert S. Rosson, M. D.
Robert S. Rosson, M. D.
(PRINT OR TYPE SIGNATURE)
(Address) 170 Morton St., J. P. Date Dec. 7 1959

6 Winthrop Winthrop Mass
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Dec 11 1959

7 NAME OF FUNERAL DIRECTOR Ernest P Caggiano
ADDRESS 157 Winthrop St Winthrop
Charles A. [illegible]

Received and filed 19

DEC 11 1959 (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: Male
9 COLOR: White
10 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

10a If married, widowed, or divorced
HUSBAND of Margaret Bennett
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 8 Months 9 Days — If under 24 hours Hours Minutes

13 Usual Occupation: Retired FireMan
(Kind of work done during most of working life)

14 Industry or Business: City of Boston

15 Social Security No. 023-22-1378

16 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

17 NAME OF FATHER James A Maclauchlan

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Mary E Matthews

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

21 Informant Mrs Margaret Maclauchlan
(Address) 111 Main St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Jacqueline Carey
(Signature of Agent of Board of Health or other)

5706 12-10-59.
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

Charles F. Mackie

City Registrar

FEB -- 6 1960

R-302

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

WINTHROP
(City or Town making this return)

COPY OF CERTIFICATE OF DEATH

Registered No. 258

1 PLACE OF DEATH
BEAUFORT (County)
BEAUFORT
SOUTH CAROLINA (City or Town)
USMCAAS St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME GEORGE KENNETH BIBBEY (Was deceased a U. S. War Veteran, if so specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 126 Locust Street St.
(Usual place of abode) (If nonresident, give city or town and State)

17 years months days

DEATH - December 14, 1959

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

Registrar's No. 600
Registrar's No. 1
No.

CERTIFICATE OF DEATH
Vital Statistics – State Board of Health
South Carolina

State File No. 59-018829

1. PLACE OF DEATH
a. COUNTY Beaufort
b. CITY, TOWN, OR LOCATION Beaufort
c. LENGTH OF STAY IN 1b 17 mos.
d. HOSPITAL OR INSTITUTION (If not in hospital, give street address) USMCAAS, Beaufort, S.C.
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mass. b. COUNTY Suffolk
c. CITY, TOWN, OR LOCATION Winthrop
d. STREET ADDRESS 126 Loucust Street
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Given name at birth) (Type or print) First: George Middle: Kenneth Last: BIBBEY
4. DATE OF DEATH Month: 12 Day: 14 Year: 59
5. SEX Male
6. COLOR OR RACE Cauc.
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 2 Nov 1936
9. AGE (In years last birthday) 23 If Under 1 Yr. Mo. Days If Under 24 Hrs. Hours Min.
10a. OCCUPATION (Give kind of work done during most of working life, even if retired) Military
10b. KIND OF BUSINESS OR INDUSTRY USMC
11. BIRTHPLACE (State or foreign country) Massachusetts
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Kenneth Bibbey
14a. MOTHER'S MAIDEN NAME Not available.
14. HUSBAND OR WIFE'S NAME ---
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes 9-4-57 to 12-14-59
16. SOCIAL SECURITY NO. 022-26-7153
17. INFORMANT Official Records Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic rupture of liver, stomach, right kidney.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
INTERVAL BETWEEN ONSET AND DEATH: Less than one minute
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
21. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Deceased was sucked into air intake of jet aircraft.
22. DATE OF INJURY Hour: 400 a.m. p.m. Month: 12 Day: 14 Year: 59
23. INJURY OCCURRED While at Work ☒ Not While at Work ☐
24. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Flight Line.
25. CITY, TOWN, OR LOCATION MCAAS, Beaufort County Beaufort State S.C.

I attended the deceased from --- to --- and last saw him alive on ---
I saw the body after death occurred at 2:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
26. SIGNATURE Lt. Lawrence B. Hoffman MC USNR
27. ADDRESS MCAAS, Beaufort, S.C.
28. DATE SIGNED 12-16-59

29. BURIAL CREMATION REMOVAL ☐ 30. DATE 12/16/59
31. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery
32. LOCATION (City, town, or county) Malden, Mass. (State)
33. FUNERAL DIRECTOR'S SIGNATURE Address Orall Funeral Home, Beaufort
34. DATE RECD. BY LOCAL REG. (Date)
35. REGISTRAR'S SIGNATURE Virginia B. Fordham

Form No. VS-5

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE – Public Health Service

NON-RESIDENT

Rec'd May 11, 1960